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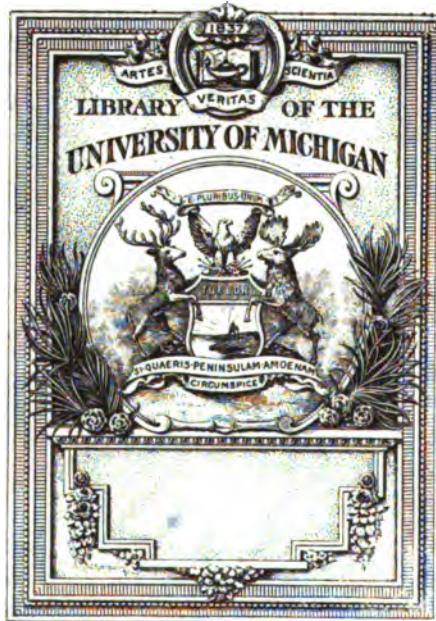
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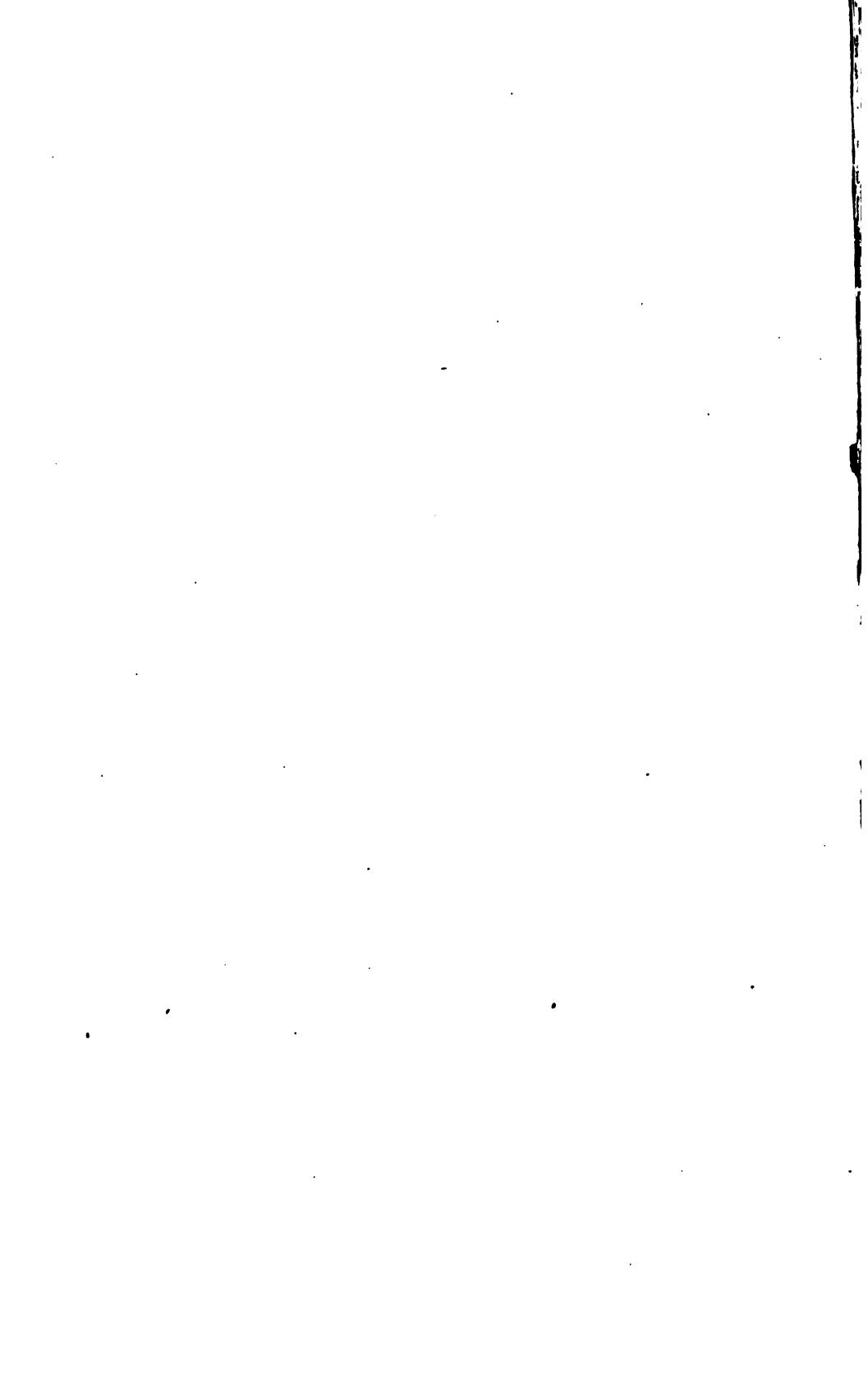
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**CLINICAL MEDICINE.**

**VOL. I.**



ON

# INTERMITTENT FEVER

91376

AND

## OTHER MALARIOUS DISEASES.

BY

I. S. P. LORD, M.D.

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## AUTHOR'S PREFACE.

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No apology will be made for introducing this work to the profession. It is purely clinical—a photograph of the everyday professional life of the physician.

The symptoms of the "CASES" were all taken down in phonographic shorthand, at the bedside, or in the office, or elsewhere, and generally in the patient's dialect if not verbatim. So that some peculiarity may be observed in most cases, and many times at the expense and in defiance of orthography, syntax, and prosody. The cases entire have been carefully copied from the original record, without addition, subtraction, or alteration, and no case has been omitted from the first date to the last. All are there. Where the result is not recorded it is to be understood as a cure. Great pains was taken to ascertain results, and verbal inquiries were made, and even letters written years after the treatment, for that purpose. In most cases, however, it was a matter of personal observation. In those cases immediately following the last date in this work, to wit, August 11th, 1854, and during the whole of 1855, and also 1858, there was a much greater proportion of SIMPLE AGUES than are recorded here. For 1853 there are one hundred and eighty-six cases recorded, and for 1858 one hundred and seventy-three. But it need not excite any surprise to learn this, for in ague districts, when ague is not epidemic, we rarely get a patient who has not been drugged with Mercury and

Quinine, or has disease of the liver or spleen. And even homœopaths generally exhaust their own skill and patience before they resort to the doctor. And this is one of the principal reasons of our avowed lack of success in the treatment of agues; another is the uncertainty resulting from repeated failures and an unsettled pathology. This leads to a hesitating, vacillating treatment: one medicine is given to-day, another to-morrow, and a third and fourth next day. Now ague, like any other disease, requires a firm and sometimes persistent adherence to one or two drugs, and such persistence is generally rewarded by a cure; the disease most commonly ceasing suddenly when least expected.

You must not expect to work miracles; if you do, you will certainly be disappointed. Miraculous cures "by a single dose of a single medicine" is a rare occurrence; it is an **A.A. 1** phenomenon, and is a legitimate object of suspicion.

The publication of such cures has been, is, and probably will ever be, the curse of our school. First, be sure that you are right, which is easily done, and then persevere as you would in treating any other disease.

Many of the cases in this work may not be regarded as agues at all, but he who treats such disorders, in a malarious district, without regard to the cause, will soon learn that he has something more to deal with than common colds or gastric and intestinal disorders.

Regular paroxysms will quickly succeed the irregular chills, or heat, or vomiting, or headache, or other disturbance, which, at first, may seem to be the entire disease.

As to attenuations, it will be found that the third, sixth, and thirtieth were generally used, in the form of medicated globules, and the centesimal scale followed. Indeed, I seldom used the decimal scale till 1857, and I am not yet able to say that it has any advantage over the centesimal. Twenty-one cases may

be found in the Introduction which occurred subsequently to August, 1854. They were selected as examples merely as a matter of convenience. The work being clinical, the notes to cases are written in the most familiar, commonplace, everyday language, and in most cases the record of the first visit was read and the comments written out before reading the next day's record; and in this respect it is almost precisely as if one were to take a student every day to each patient in the wards of a hospital. If an error was made in diagnosis, it will be found in the book, for in no single instance was a comment, once penned, ever altered. If a blunder was made, the blunder remains. And thus the "beginner" in medical practice may be encouraged, when he learns that older heads than his have been most inexcusably stupid. And, in conclusion, we remark that whatever may be thought of the work in other respects, it may be accepted without qualification as a faithful, unaltered transcript of clinical experience.

POUGHKEEPSIE, September 15, 1871.



## INTRODUCTION.

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THERE is probably no curable disease that has occasioned so much discussion, and given rise to so great a variety of opinions in regard to its causes, pathology, and treatment, as Intermittent Fever. And, notwithstanding all that has been written and said concerning it, not a single mooted question is yet settled.

All the special treatises, monographs, or essays are based on the mere technical symptomatology of more or less imperfect provings, and each succeeding one seems only a rehash of a preceding.

Were symptoms invariable, had they the definite angles of geometrical figures, or the precision of mathematical quantities, this would be sufficient, and the solution of the problem of an ague would be as easy as one in the "Rule of Three." It is quite an amusing employment to group symptoms and make fancy cases, so that a remedy may be readily found that will exactly cover each one.

But, unfortunately, malaria plays so many bewildering pranks, and groups symptoms so fantastically and unartistically, that if we follow even our best authorities we shall perhaps find, in a given case, with a dozen symptoms or less, no one medicine that will cover more than four or five; and, instead of one specific remedy, we shall in the end find ourselves embarrassed with half a dozen, each presenting equal claims to our notice. Having practiced medicine for forty-two years, most of the time in malarious districts, I have seen and treated very many cases of ague. For the last twenty years I have kept an accurate record of every symptom of every case of ague, and not of this disease only, but also of every other; and I am confident that the treatment of agues has caused me more perplexity than that of all the others. At first, I followed

“Bœnninghausen” and the “Symptomem Codex,” and such lesser lights as then existed. I need not say to the initiated that the selection of the true remedy with such helps is difficult, not to say tedious and sometimes impossible.

Then came Douglass’s Monograph, 1858, which certainly promised much, but proved somewhat faulty in the performance. Its principal defect is, that it is purely hypothetical; at least, so it has appeared to me since I have become more intimately acquainted with it. It is, unless I am mistaken, a faithful collection and tolerably judicious arrangement of the reputed characteristic ague symptoms in the pathogenesis of each of the drugs he has introduced. But who is competent to decide, in the absence of any fixed and invariable rule, what are “characteristic symptoms,” of either the disease or the remedy? In very many cases that occur in actual practice, one can, with the book in his hand, readily select the right remedy with very little trouble, but in a large majority the reverse is the rule; and in our school this uncertainty is necessarily fatal to success in the treatment of the disease.

To illustrate these remarks, I will offer a few cases where the true homœopathic remedy can hardly be mistaken. They are numbered from the general case-book.

Case 4878. “Chills and heat every day. No appetite. Feels very weak.”

Case 4852. “Chills with heat and pain all over. Feels weak.”

Case 4772. “Chills and heat every day. Pain in the head and stomach during the heat. No sweat.”

Case 4434. “Has turns of vomiting all she drinks; with great thirst and heat every other day.”

Case 3859. “Chills and heat every other day, about noon. Pain in the bones. No appetite. Little sweat. Headache. Can’t sit up. Great heat, with thirst, but drinks only a little at a time. Pain in the bowels.” Arsenicum is the remedy for all these cases, and cured them promptly.

We will now seek for the true remedy for the symptoms in the following cases, by the light that Douglass furnishes in his work on “Intermittents,” which, by the by is the best work yet published. We have selected them from hundreds of similar ones, not because they are at all singular or offer any un-

common difficulties, but simply because they have less than a dozen symptoms each, so as to come within the scope of my first remarks.

Case 4075. Mrs. J. W. R., 57. "Had chills and heat two weeks. None for a week past till to-day. Chill about noon to-day, for an hour, followed by great heat. In the CHILL, hands numb; the right the most. Was thirsty. No pain. Faint and sinking feeling all the time in the chest. In the HEAT, thirst and dyspnoea. Pulse nearly natural at 4 P.M., and skin cool. Not had much appetite. Bitter taste. Chills were from the neck through the shoulders, and down the back." The first symptom is, "chill at noon," for which Douglass has no specific remedy. The second is, "chill, then heat." "Acon., Alum., Arn., Ars., Bell., Bry., Carb. v., Chin., Cina, Coff., Crotalus, Cycl., Graph., Hep., Ignat., Ipec., Kali, Lach., Lyc., Meny., Merc., Natr. mur., Nit. ac., Nux, Opi., Phos., Phos. ac., Puls., Sabad., Sil., Spig., Stram., Sulph." The third is, "hands numb in the chill," for which he has no symptom nearer than "deadness of the fingers;" for which he has "Cimex and Sepia." The fourth is, "Thirst in the chill." "Acon., Amm. mur., Arn., Aranea, Bell., Bry., Caps., Carb. v., Chin., Cina, Eupat., Daphne, Ferr. acet., Gummi, Gutt., Hep., Ig., Kali, Lobelia, Ledum., Natr. m., Nux, Plumbum, Puls., Ran., Rhus." The fifth is, "Faint feeling in chest;" for which he has no medicine. The sixth is, "In the heat, thirst." "Anac., Ant. tart., Ars., Bry., Caps., Carb. v., Cham., China, Chin. s., Chinch. s., Cina, Coff., Con., Elat., Eupat., Hyos., Ip., Lach., Lobelia, Merc., Natr. m., Nux vom., Op., Petrol., Phos., Pod., Puls., Rhus tox., Sabadilla, Sep., Sil., Spig., Stann., Sulph., Valerian, Veratr." The seventh symptom is, "In the heat, dyspnea;" for which "oppression of the chest" is the nearest symptom. "Acon., Ars., Carb. v., Cimex, Cinch. s., Crotalus, Ipec., Kali." The eighth symptom is, "Not much appetite." "Ars., Caps., Carb. v., Chin., Chin. s., Cocc., Cycl., Ferr. acet., Ipec., Kali, Lobelia, Natr. m., Nux, Pod., Puls., Sabad." The ninth symptom is, "Bitter taste." "Ars., Bry., Calc., Carb. veg., Cham., Chin. s., Cinch. s., Elat., Fer., Lobel., Lyc., Merc., Natr. m., Nit. ac., Petrol., Phos. ac., Puls., Rhus r., Sabin., Sulph."

The tenth symptom is "chills through the back," for which

he gives us no medicine, though it occurs in the pathogenesis of Sil., Amm. m., Arg. fol., Caust., Carb. veg., Calc., Berb., Rhod., south pole of the magnet, (?) Copaliv., Lyc., and Gels. In analyzing these symptoms and medicines we find that

Carb. veg. has of these symptoms, 6.

Ars., Natr. m., and Puls., each, 5.

Bry., China, Ipec., Kali, Lobelia, and Nux, each, 4.

Acon., Caps., Chin. s., Cinch. s., Cina, Merc., Phos., Phos. ac., Sabad., and Sulph., each, 3.

The balance of the drugs have 1 to 2 each.

Now of these 10 symptoms only 6 can be found in Douglass; and all these 6 belong to Carb. veg. But if any one thinks that it will cure such an ague, he will be undeceived very soon if he tries it. And now if we are not to be guided by the *number* of symptoms, but by the *importance*, which are the important or characteristic ones? Certainly not "chill, then heat," for Jahr makes Carb. v. a third class remedy here, and adds Amm. m., Baryta c., Borax, Caps., Crocus, Dros., Dulc., Hyos., Petrol., Rhus, Sec., Valer., Veratr.; putting Rhus in the first class, and making Caps., Dros., Hyos., Petrol. and Veratr. equal with Carb. veg.

Nor is "thirst in the chill," for Jahr places Bry., Calc., Cina, and Natr. m. above it, and Acon., Arn., Cann., Cham., Chin., Ign., Mez., Rhus, and Veratr. with it, while he adds 19 medicines to the list of Douglass.

And as to "thirst in the heat," almost every medicine has it, and Jahr has 15 more than Douglass, and places Carb. v. in the third class. But Carb. v. is a very accommodating remedy, for, according to Douglass and Jahr, it is not only homœopathic to "thirst," but more so to "lack of thirst," to "general chilliness," and "general heat," and "internal heat," and "general sweat," and "lack of sweat." To "chills then heat" and "no sweat," and "chills and heat, then sweat." And to "heat, then sweat," without chills, and so on to the end of the chapter. And as for the 7th symptom, "Dyspnœa in the heat," although Jahr gives it the first place, yet when we consider on how many different pathological conditions this symptom may depend in different cases, we shall be likely to attach very little value to it as a characteristic symptom of Carb. v. And then

• we have "loss of appetite," perfectly of Carb. v., and also every other drug, to say nothing of all the emotions, passions, indulgence of appetites, &c., &c. And "bitter taste" is not likely to be characteristic of Carb. v., for Jahr has not put it down at all, though he has Ant., Chin., Nux, and Puls. in the first class. Where did Douglass get it? Not from the "fever" pathogenesis, for it is not there. And although it may be found under the head of "taste altered, bitter" in the second class with 20 other medicines, and 11 in the first class before it, and 47 after, it is certainly difficult to see how it can be particularly characteristic of Carb. veg., or for that matter, of any other drug. And here the question may be pertinent, how many agues have been reported as cured by Carb. veg.? Thorer reports a case in which he commenced with Puls. on the 4th of May; after which he gave successively Ipec., Cina., Ars., and Natr. mur., and on the 20th of June gave 2 globules of Carb. veg.<sup>20</sup> and there was no more ague. (*Northwestern Journal of Homœopathy*, by G. E. Shipman, vol. ii, page 202.)

Reports also another case where there was enlargement of the spleen after long drugging with Quinine, for which he gave Carb. veg., 3 glob. of the 30th, followed, more than a month after, by Natr. mur.<sup>20</sup>, 2 glob. One month and a half after that was discharged cured. (Page 262.) I should be ashamed of such cures, and my patients would lose all patience. I would not report such cases if they were true. These cases are alluded to as cures by Ruckhert in his *Therapeutics*, page 254. And he adds another where "Carb. v.<sup>20</sup> helped in two days after smelling at it." I suppose this needs no comment.

Drs. Wurmb and Caspar report one case in which it was given "without any result." (*British Journal of Homœopathy*, vol. xii, page 394.) Peters says, in *North American Journal of Homœopathy*, that it has, "like some others, always left him in the lurch."

Bowen and Bartlett, of Madison, Wis., report in the *North American Journal of Homœopathy*, vol. v, page 480, that they had in their "practice, between the 1st of March and 1st of November, one year, 728 cases of ague, nearly 300 of which were treated with Quinine and Canchagua, invariably together," and mention incidentally that "Carb. veg. and Veratr.

have fully sustained their reputation for curing old quinine cachexies." But we are not told what kind of reputation they had, whether they were given in alternation, or in what manner, nor how many times each was given, and no cases are given. Indeed, the whole report is so loose and ill-arranged that it could never have served more than an advertising dodge, and may now be regarded as somewhat apocryphal.

Having shown up Carb. veg., we need not take up the next three medicines, each of which has 5 of the 10 symptoms, and may have all the 10, but that signifies nothing, as we are now only investigating the claims that Douglass's book presents as a guide, and that gives the drug no more than 6 symptoms in 10, and those scarcely entitled to be called characteristic.

We will examine another case, first premising that Nux and Chin. cured the above case in 4 days, and Nux and Ars. would have been better.

3928. "Geo. A. M., 2 years old. Every second day has two chills. The first at 11 A.M., lasts awhile; then it goes off, and he shortly has another. Then sleeps and dozes till next morning. Then is up, and feels well till 11 A.M., next day; very thirsty during the whole time. Sweats some now, but didn't at first. No appetite. Some heat, most in the night."

1. The 1st symptom is, "a double tertian," for which Douglass has "Chin. s., Rhus rad., Rhus tox."

2. The 2d symptom is "chill and heat," "Acon., Alum., Arn., Ars., Bell., Bry., Carb. v., Chin., Cina, Coff., Crotalus, Cycl., Graph., Hep., Ign., Ipec., Kali, Lach., Lyc., Meny., Merc., Natr. mur., Nitr. ac., Nux, Op., Phos., Phos. ac., Puls., Sabad., Sil., Spig., Stram., Sulph."

3. The 3d is, "chill after the heat and chill again." "Stram."

4. The 4th is, "sleep in the heat." "Hep., Ign., Op., Stram., Veratr., Puls."

5. The 5th is, "sleep in the apyrexia." "Acon., Arn., Bell., Bry., Calc., Carb. v., Cimex, Hyos., Merc., Op., Sabad., Spig., Stann., Stram., Sulph., Valer."

6. The 6th symptom is, "thirst during the paroxysm." "Aranea, Ars., Bell., Bry., Calc., Crotalus, Cham., Lobel., Merc., Nux, Puls."

7. The 7th, "heat, most in the night." No such symptom

in Douglass. But Jahr has it with 58 medicines, with Puls. at the head.

8. The 8th is, "no appetite," which is characteristic of no drug or of any drug; but Douglass has, "Ars., Caps., Carb. veg., Chin., Chin. s., Cocc., Cycl., Ferr. acet., Ipec., Kali, Lobelia, Natr. m., Nux, Pod., Puls., Sabad."

9. The 9th is, "heat with sweat." "Con., Op., Phos., Rhus, Rad., Stram."

10. The 10th is, "chill, then heat with sweat." "Alum., Anac., Ant. tart., Bell., Caps., China, Graph., Hell., Hep., Kali, Lob., Natr. m., Nit. ac., Nux, Op., Phos., Puls., Rhus tox., Sabad., Spig., Sulph."

11. The 11th is, "forenoon paroxysm." "Dros., Kali, Meny."

12. The 12th is, "afternoon paroxysm." "Alum., Ant. e., Coff., Daph., Elat., Hep., Hyos., Ign., Lach., Men., Ran. bulb., Rhus, Rad., Stram."

This gives Opi., Puls., and Stram., each, 5 symptoms.

And Bell., Hep., Kali, Nux, Sabad., and Sulph., each, 4 symptoms.

Add Alum., Ars., Carb. v., Chin., Lob., Merc., Men., Natr. m., Phos., Rhus rad., Spig., each, 3 symptoms.

And the balance, some 34, each, 1 to 2 symptoms.

It would be difficult to decide here numerically, as no one of the 54 medicines has, according to Douglass, one-half of the 12 symptoms; and so far as the characteristics are concerned, one symptom seems nearly as important as another. Now, if there were any cerebral symptoms, we might decide for Opi.; and were there gastric or abdominal symptoms, for Puls., or cerebro-spinal, and Stram. might answer. If we knew beforehand which medicine to choose we should have no difficulty, but the book in question don't determine it. The truth is, that Puls. and Nux are the best remedies; Puls. and Ars. next; Nux and Ars. next; and Chin. and Ars. cured the disease, so that neither the chill nor heat recurred, and there was no farther trouble; seemed as well as ever after two days. But ten or twelve days after was taken with slight afternoon fever, and soon after had the jaundice.

Now, there is no symptom in this case that points to disorder

of the liver. The age of the child somewhat interferes with a correct diagnosis; but that of itself contra-indicates disease of the liver, and the clear apyrexia and good health for some time after, still more so; and we are warranted in the inference that there was none, and if so, it was a cure. And China and Ars. cured; yet they are in the third class, having but three symptoms each, or one-fourth of the whole number; and besides there are nine other drugs standing before them, with four and five symptoms each, while there are nine other drugs in the same class, side by side with them, with three symptoms each. The truth is, the numerical system is, and must ever prove a failure, not only in agues, but in all diseases, for the reason, if for no other, that the pathogenesis of every drug is, and probably ever will be, full of accidental, incidental, fanciful, idiosyncratic, and imaginary symptoms (modified by circumstances, conditions, and all sorts of habits, good and bad), having little relation, and sometimes none whatever, to the nature of the drug.

These purely exotic symptoms give a certain similarity to the pathogenesis of every drug, and are repeated like echoes on every page of the "Symptomem Codex."

But who shall root them out? Certainly no one who has yet tried his hand at it. It can be easily shown that the so highly esteemed "characteristic symptoms" are only an average selection, and contain about the same proportion of unreliable symptoms as does "Jahr's Repertory," or any like work on symptomatology and pathogenesis. And Douglass is no exception to this remark. He has honestly introduced into his book only such symptoms as he considered characteristic both of disease and drug; but, as we have seen in the instance of Carb. veg., in the first case, and Opi. and Stram. in the last, he has signally failed, though through no fault of his, in his attempt to produce a reliable guide, either numerical or characteristic, in the treatment of agues. To show that he intended us to follow the numerical method in the selection of a remedy, I quote at length his directions for using his book, as found on pages 8, 9 and 10 of the "Introduction."

"The following case I did not see, but the symptoms were thus reported from the country. The paroxysms had been

several times arrested by Quinine, but soon returned. There is thirst several hours before the chill, which comes on in the morning, and is accompanied with severe shaking, pain of the head and limbs, continued thirst. About the termination of the chill there is nausea and bilious vomiting.

“The hot stage, which continues from six to eight hours, is attended with dry, burning heat, continued pain of head and limbs, restlessness, but somewhat diminished thirst. Sweat slight during the apyrexia. He complains of pain in the limbs.

“By turning to chap. i, there will be found a long catalogue of remedies corresponding to the chill and heat in the case.

“There being no peculiarity of the sweat, chap. ii need not be consulted. By turning to chap. iii, there will be found, of this long catalogue, only the following corresponding to the thirst before and during the chill, viz.: Arn., Caps., Chin., Eup., Lobel., Nux, Puls. Turning now to chap. iv, it will be found, that of these only the following correspond to the pain of the head, back, and limbs, during the chill, viz.: Eup., Caps. Of these, only Eup. corresponds to the vomiting of bile during the paroxysm. Looking at chap. v, we find this to agree also with the time and type. And lastly, consulting chap. vi, article Eupatorium, we shall find this to agree in all the important features to the case in hand, and no doubt now remains that this is the remedy in this particular case. By following this method in each case, the selection of the remedy becomes almost a mathematical process.”

That Douglass can treat agues successfully I do not question, since he must necessarily know much more about them than appears in his book. But to one who knows little or nothing of the matter, and must rely upon the book as his guide, it is little better than a “will o’ the wisp.” It will assuredly lead him astray, and leave him in a most unenviable state of feverish uncertainty, while the patient solaces himself with massive doses of quinine.

It is evident from the “directions” we have just quoted, that the drug which meets the greatest number of symptoms is to be regarded as the true remedy, and it is not even intimated that any one symptom is more important or more characteristic than another.

But aside from this, it strikes me as very singular that one who has treated so many cases of ague as has the author, should predicate his directions on a case reported from the country, one that he never saw, and so far as we know never heard of before or after the prescription was made. We are left entirely in the dark as to the success of the treatment, and can infer if we choose that the patient did, or that the patient did not, recover. We are not even told the sex or age of the patient, though that is not at all material in the numerical method; nor, if the patient recovered, how long it took to cure; nor, if the medicine failed, how long that took.

In brief, the case as presented is entirely hypothetical, and appears as if reported from memory, prescribed for from memory, recorded from memory, and really looks suspicious; almost as if manufactured to order. Yet, no doubt it is reported faithfully. But why not select a real, live case, that came under his own observation; one that he saw and diagnosed himself, and knew the result of his treatment? Why not give us a case of pure, uncomplicated malarious ague, and not one complicated with a quinine cachexia? He says, "The paroxysms have been several times arrested by Quinine." From the record of symptoms one would deem it the most important consideration in the whole case, and yet no account whatever is made of it; no notice taken of it in the treatment. The "thirst before and during the chill," the "severe shaking," and "pain in the head and limbs," the "nausea and bilious vomiting," the "long-continued heat (six or eight hours)," are all quinine symptoms, in whole or in part. If so, then Caps. is by his own showing more homœopathic than Eupat., as in chap. vi, article Caps., we may read: "Caps. corresponds to the quotidian or tertian type with predominant chilliness, especially after abuse of China or Quinine," while the article Eup. has nothing of the kind. But it is asserted that "Eup. agrees also in time and type." Now, so far as time is concerned, I read on page 75 that "Eup. has a heavy chill early in the morning of one day and afternoon of the next." But why symptoms occurring in the morning, and about noon, should require a different treatment from similar ones occurring at noon and in the afternoon is not easy to see. And as to type, we are unfortunately left quite in the

dark. Not a word is said about it in the record. It may be a quotidian or a tertian or a quartan. If it should prove to be a quotidian or tertian, Caps. is by the book equally homœopathic with Eupat. And now for the symptom, "vomiting of bile about the termination of the chill." We can only say of this that one generally vomits, if he vomits at all, what happens to be in the stomach at the time. And we fail to see anything characteristic in the fact that some one has happened to vomit bile about the time a chill was leaving. So far as Eup. is concerned, it is no doubt purely accidental. If there is food in the stomach when one vomits, he will be likely to vomit food, chill or no chill. If there is bile, then he will vomit bile. If nothing, he will soon vomit mucus, or bile, if there happens to be a surplus in the gall-bladder.

Is it a fact, after all, that Ant. c., Cham., Chin., Eup., Nux v., and Puls. only, have "vomiting of bile in the paroxysm of an ague," and Eup. alone has it "about the end of the chill?" Is it not possible for those other medicines to cause vomiting at that precise time, when they do it at every other period of the paroxysm? Surely such nice distinctions do not commend themselves to one's reason, and seem hardly practical; and yet the difference between Caps. and Eup. is exactly there, for he says, "Of these" (Caps. and Eup.), "only the last corresponds to vomiting of bile during the paroxysm." It may all be true, but certainly we need more evidence, more light.

The appearance of bile under such circumstances is evidence that there is a surplus of bile in the gall-bladder; nothing more, nothing less. If the quantity is large, or the quality abnormal, it is a sign of disorder of the liver, and the mere manner or time or circumstance of its ejection is characteristic of nothing.

But these objections are of minor importance. The most formidable are:

1st. The adaptation of the symptoms, in any given case, to the various "headings" in the chapters, as here, in chap. i, we have "general chilliness," "external chilliness," "partial chilliness," &c., &c.; and so of heat and sweat, and all other symptoms.

2d. The labor of looking through the long lists of medicines that follow the various headings and comparing with others equally long.

In the directions, this is lightly passed over, as of little consequence. After giving the symptoms of the case from "hearsay," we are coolly informed that, "By turning to chap. i, there will be found a long catalogue" (which is true, as there are 129,) "of remedies corresponding to the chill and heat in this case."

Now, so far as the chill is concerned, we know nothing except that it is a "shaking chill." But in chap. 1st no such distinction is made, and neither Eup. nor Caps. have it in chap. vi. In chap. iii, however, we have "chattering of the teeth," and the natural inference is that it goes with "shaking," as it is found among "SYMPTOMS DURING THE CHILL." It seems, however, that the author does not think so, and ignores the "shake" altogether. Did he not do so it would be almost fatal to the conclusion that Eup. is the true remedy, inasmuch as Caps. follows "chattering of the teeth in the chill" and Eup. does not. We are left, after all, to infer that the chill in this case is to be referred to "general chilliness," and this heading is followed by 69 remedies. Now which of these 69 are we to select? Why, we are first told to "pass the sweat, as it has no peculiarity." Now, as the case is only reported, and by a third person, how does he know that there is no peculiarity about the sweat? or that it may not have a symptom peculiar to Caps.? But we pass as directed to chap. iii, and under the heading of "thirst before the chill" we find 9 remedies, and "during the chill" 25; and of all these 34 only 7 are to be found under "general chilliness," and of these 7 only 2 correspond to "pain in the head, back, and limbs during the chill," according to chap. iv.

Now, though it is a great labor to analyze and sift out the peculiar symptoms in this way, yet it would be a very great improvement on the old method, provided it was reliable. But one can hardly fail to see that Eup. was a foregone conclusion from the start. It is nicknamed "boneset," to begin with, because it has the reputation of curing the "break-bone fever of the West." And then it has "vomiting of bile about the end of the chill." And besides and above all, it is the only drug so far as I know that has in its pathogenesis the symptoms, "thirst before and during the chill and heat."

"Thirst commencing in the night previous to the chill." The

last symptom does not cover the symptom in our case, and the first does more, for it has thirst also before heat as well as before the chill. Our symptom is only "thirst before and during the chill" which the "book" claims is covered by Eupat. If we admit it, there is no need of any analysis or any long "rigmarole," as Eupat. is the only remedy that has the symptom, and of course must be the true one, else there is no remedy for the case. This would be the characteristic method, and not the numerical. So it was known from the first that Eup. was the true remedy. The "quinine" cachexia is overlooked, the "shaking" is forgotten, the "dry, burning heat," "with pain in the head and limbs," and "restlessness" and "diminished thirst," are wholly ignored, or sunk in the general chilliness, though the four concomitant symptoms are backed by 123 medicines. In short, everything that does not favor Eup. is passed almost or quite unnoticed.

Suppose that we ignore the chill, and select only the symptoms of, or incidental to, the heat, and following the same process we shall come out as follows: 1. Ars., Nux, Puls. 2. Ars., Puls. 3. Ars.; "and no doubt can remain that this is the remedy in this particular case."

Still Ars. alone would not cure this case, permanently, in any reasonable time, although it is specially homœopathic in a quinine cachexia, and I have no idea that Eup. ever did. In short, one can come to almost any, or to no conclusion at all, by following the directions found in this book. It will depend mainly on the importance he attaches to certain symptoms, and the estimate he happens to place upon their value; and the book gives us no information whatever here.

For example, who can give the least credit to the following symptoms.

*During the Chills.*

Delirium, . . . . .	Sulph.
Burning in the hands and feet, . . . . .	Rat.
Convulsive twitches, . . . . .	Lach.
Drowsiness, . . . . .	Cimex.
Hoarseness, . . . . .	Hep.
Nausea from motion, . . . . .	Eup.
Pain in the ears, . . . . .	Graph.
Swelling of the spleen, . . . . .	Caps.
Vomiting of food, . . . . .	Ig.

And so of at least three-fourths of all the symptoms in the fourth chapter, while the fifth chapter is all moonshine. Who can believe that any of the above symptoms are characteristic of the medicines which follow them? Who believes that Sulph. ever caused a chill "with delirium," or Graph. a chill "with pain in the ears," or Caps. a "swelling of the spleen" with the chill, and so on to the end of the chapters? Such symptoms are the merest accidents, and have no significance whatever. Their only tendency is to mislead, and no one but a pure symptom-seeker could so far forget himself as to present them as genuine, reliable indications in the treatment of agues. But this book is really the best we have on this subject. Douglass did all that could be done with the material. And if we are to be guided by the numerical method, who is competent to arrange the symptoms, so that "in each case the selection of the remedy shall become almost a mathematical process?" If by the characteristic, who shall decide what are the characteristic symptoms? I knew all this in 1857, but having no better guide, continued to consult the book till 1860, when I adopted a rule to treat the chill during the chill, the heat during the heat, and whatever disorder might appear in the apyrexia, with remedies selected on general principles, without special reference to malarious poison. This, however, proved quite as unsatisfactory, and I found it quite difficult to get out of the old beaten track, so that there was little change in the treatment after all. And thus matters stood with me till 1867, when having abundant leisure, I was persuaded to undertake the labor of transcribing from the original phonographic notes, taken at the bedside or in the office from the patients themselves, all the record of a twenty years' practice without addition, subtraction, or alteration; a work that occupied three years. In doing this, I was much impressed with certain prominent and more or less well-marked distinctions, invariably running though all malarious diseases, especially pure malarious intermittents, and therefore, I conceived the idea that there must be some general law which, if properly applied, would bring order out of chaos, and perhaps evolve the true pathology and treatment of fevers.

To test it, I commenced in 1870 to write notes to my ague cases, and soon came to the conclusion that the old pathological

notions were incorrect. When there was only a chill, followed by heat, and that by sweat, it was not unreasonable to attribute the chill to the malarious irritation, a vaso-motor force constricting the coats of the arteries and diminishing their calibre, the heat being a reaction, and the consequence of the chill, and the sweat a consequence of the heat,—a mere chain of cause and effect. But change the order, and assume that the heat comes first, then the chill, and after this the sweat, is the chill then a reaction, and the consequence of the heat, and the sweat the consequence of the chill? In other words, is the constriction of the arteries the consequence of their distension? And yet such paroxysms occur in agues. And why, in this chain of cause and effect, is a chill interposed between the heat and sweat?

Again, we find cases, not in theory, but in practice, when the first symptom is "a sweat," then "heat," and lastly a "chill," completely reversing the usual order. And are we to resolve this into reaction, and cause, and effect? Still, again, in a very large proportion of agues, there is chilliness and heat at the same time.

Now it is, perhaps, quite possible to explain satisfactorily all these (at least apparent) anomalies as arising from general disorder of the nerve-centres, and as standing in the relation of cause and effect, according to the old theory; but I must confess that, whenever I have made the attempt, I have met insurmountable obstacles at the very first step.

Assuming what is generally admitted, that the cause of malarious intermittents is a specific poison, and, what is now beyond a question, that an ague is a "neurosis," we might possibly believe that chill and heat are mere alternating effects of disorder of the same nerve-centre, but it is anything but possible that in the same organism there should be chills with heat, *i. e.*, a double sensation of heat and of chilliness at the same instant, on the hypothesis that either is the consequence of the other. And it is scarcely possible to conceive that a single nerve-centre should impress a sensation of coldness, or local chill, upon a small portion of the organism, for instance, a knee or foot, while the thermometric temperature of the part is normal, or above the natural standard, and there is a sensation of

general heat, or heat in flushes, at the same time, and yet such cases occur. Indeed, we have sometimes had occasion to record such symptoms as the following:

“Sensation as of cold wind blowing on her.”

“Sensation as of wind blowing on a small spot on the small of the back.”

“Sensation as if there was a hole through the clothes, through which the wind blew upon her back over the spine, sometimes between the shoulders, then on the small of the back, or upon the dorsal region.”

“Sensation as if the wind was blowing through holes in the clothes upon various parts of the body.”

“Sensation when lying in bed, well and closely covered, as if the wind was blowing under the quilts, mostly on her knees, and can hardly be persuaded that some one is not raising the bedclothes.”

“Sensation as of cold streaks of air blowing on the chest.”

Now, in these sensations, the skin was usually above the natural standard, and there was neither coldness nor sensation of coldness elsewhere.

“Sensation of chilliness through the shoulders.” “Chill in the feet and knees.” “Feels as if cold air was blowing on her legs.” “Chill in the stomach.”

Besides the anomalies already noticed, it should be borne in mind that neither chill, nor heat, nor sweat are necessarily developed among the morbid phenomena following malarious poisoning. The malaria may evolve a neuralgia or endocarditis in rheumatic subjects, or gastralgia in dyspeptic subjects, or cephalalgia or convulsions in those predisposed to cerebral disorders, or it may appear in the form of hysteria, or acute intestinal catarrh, and there shall not be even a suspicion of the real cause of the disorder, so perfect is the counterfeit.

And it is not difficult to account for this. We know that very many drugs and disease-producing agents cause these, and many other disordered conditions, or diseases through irritation of the nerve-centres, and there seems to be no special reason why the same or similar effects should not follow malarious irritation of the same parts. If so, we have only to assume what will hardly be questioned, that the brain, the anterior column of the

spinal cord, or the posterior, or the sympathetic system, or any portion of either, or a single ganglion, or any number of parts, may be the seat of a malarious irritation.

That is, malaria may act on the whole spinal system, or on the whole sympathetic, or on both, or on any portion of either, or both, at the same time, or in alternation. And thus, at last, we have a clue to the true pathology of the disease, and what has been heretofore regarded as a disorder of a single part, or organism, or tissue, or a single neurosis, must now be regarded as a disorder of two or more distinct organisms, or, in other words, it is a double neurosis.

That is to say, a paroxysm of a **PURE MALARIOUS INTERMITTENT**, beginning with a **DISTINCT CHILL**, followed by an equally **DISTINCT HEAT**, and that, followed by sweat, cannot by any possibility be caused by any disorder of the spinal system, or the cerebro-spinal system alone—nor by any disorder of the sympathetic system alone—nor by any disorder of any part or portion of either alone.

This conclusion is inevitable, since, as we have shown, no disorder of any portion of the nervous system can give us, at the same instant in the same place, the duplicate sensation of chill and heat; and if so, it follows that a disorder of two distinct and separate portions, with distinct and different functions, is required. And if required in a single case, why not in every case? Manifestly, these sensations spring from two different and differing sources or organisms, and our next inquiry is, which are they?

And here the two grand divisions of the nervous system into “Organic,” or the “Sympathetic,” and “Animal,” or the “Cerebro-spinal System,” present themselves for a solution of the question. The nerves from both these systems run side by side to every part of the organism, and generally in the same envelope, and yet ever remain practically separate in fact and in function. And as the characteristic symptoms of a paroxysm of ague must be caused by one or the other, the only question is, which system causes the sensation of chill, and which the sensation of heat, as the one must necessarily be due to a peculiar condition of the one system, and the other to an unlike peculiar condition of the other system?

Now, since the experiments of Claude Bernard, there is little doubt that the sensation of heat should be referred to the sympathetic system. If so, it follows that the sensation of chilliness must in like manner be referred to the spine.

Without stopping to inquire whether heat is the result of chemical disintegration, or retarded nerve or other vibration, we may safely assume from our premises that the hot stage of a paroxysm of ague depends on malarious disorder of the organic nervous system, and the cold stage on malarious disorder of the spinal nervous system, and we have finally a key to all the anomalies and vagaries of intermittents.

Whether the chill or heat appears first depends mainly on which system is most powerfully impressed by the malaria; and if the two sensations alternate, it is because the disorder of the one system remits for a time, while that of the other takes its place, or is exacerbated. And if there is heat with chilliness at the same time, it only proves that the two systems are acting concurrently. If the sweat comes first, it only indicates that the glandular system is first disordered. If there is no chill, it implies that the spine is not directly irritated or disordered. If there is no heat, it is good evidence that the sympathetic system is not disordered by the malaria, and so of all other conditions. But it needs not to enter further into details; we have only to classify our remedies so as to meet these two pathological conditions, and our therapy is complete. We have only to divide our ague medicines into two great classes to correspond to the two great physiological divisions, sympathetic and spinal, which, pathologically expressed, give us sympathetic irritants and spinal irritants; and going from the general to the special, the subdivisions into cerebro-sympathetic, &c., on the one side, and anterior spinal, posterior spinal, and cerebro-spinal, on the other, follow naturally, and may be carried still farther, if necessary.

It needs no special pleading to commend this classification to any one who has treated malarious disorders. It reduces the great and most discouraging labor of selecting a remedy almost to zero, while nothing is left to accident. It is based on a fixed and unalterable physiology and pathology; and when once the physiological and pathological relations of a drug are deter-

mined, its classification is settled and the work is done. It needs no revision.

A spinal irritant now is always a spinal irritant, and a sympathetic irritant always a sympathetic irritant, and ever will be, and we have to choose only from half a dozen, or at the most from a score, instead of 500 by the "Symptomem Codex," or 50 to 80 by Douglass; for he gives a list of 80 drugs, no more than 17 of which are ever homœopathic in pure malarious diseases, and not more than 12 of these ever cured an ague uncomplicated with disease of the liver, spleen, or lungs.

An examination of our literature will show that real ague medicines are few in number. In 138 to 180 cases collected by Rückert, only 88 are reported in detail; and of these Arsenicum is supposed to have cured 16, Puls. 16, Natr. mur. 8, Nux v. 8, China 5, Ign. 5, or 58; and of the remaining 30, Bry. is claimed to have "helped" or cured 4, Cina 4, Rhus 3, Veratr. 3, Carb. veg. 2, and Ipec. 2, 18 in all, leaving to Acon., Ant. cr., Arn., Bell., Dros., Hyos., Mezereum, Opi., Sabad., Sep., and Sulph., 1 each, or 12 in all. Besides all these, 11 other medicines are recommended, not one of which, probably, ever cured a genuine ague.

The claim of many of the reported cases in Rückert to be classed as malarious intermittents, may well be questioned.

There is no mention made of chill, or chilliness, or coldness, in any of the cases but those cured by Ars., Bell., Bry., Carb. v., Chin., Cina, Dros., Ign., Ip., Mezer., Natr. m., Nux v., Opi., Puls., Rhus, Sabad., Sep., Sulph., Veratr., 19 in all; and a mere reading will convince any one, at once, that Carb. veg. did not cure any case; that Dros. was only given for hooping-cough and chronic bronchitis, and Hyos. for night cough and bronchitis, while the Mezereum case is complicated with "enlarged spleen," and the Opi. case has not the slightest claim to be called an ague; and to finish up, the Sulph. case is complicated with a "cutaneous eruption, with much itching," the Ferrum case with disease of the liver, the Sepia case with "swelled testicle and disease of the spermatic cord," and chronic bronchitis, and, like most of the others, is no ague at all.

To sum up, the evidences of cure by any medicine except Ars., Puls., Natr. mur., Nux, Chin., Ign., Bry., Cina, Rhus,

Veratr., are, at best, doubtful; and the protracted treatment, in most cases, renders these assumed cures still more questionable. We will add to the list, Bell., Quinine, Strych., Em. tart., Eupat., Gels., and Cimex, and the list may be extended by any one so disposed. It need not be, however. In arranging these in tabular form, they will be placed in accordance with what is deemed their practical importance:

<i>Spinal Irritants.</i>	<i>Anterior Spinal.</i>	<i>Cerebro-Spinal.</i>
Nux vomica.	Strychnine.	China.
Ignatia.		Quinine.
Rhus.		Nux v.
Eupatorium.		Gelsemium.
Veratrum.	Posterior Spinal.	Belladonna.
Pulsatilla.	Pulseatilla.	Bryonia.
Sabadilla.	Eupatorium.	Phosphorus.
		Rhus.
		Both Spinal and Sympathetic.
		Arsenicum.
		Natrum mur.
		Pulsatilla.
		Eupatorium.
<i>Sympathetic Irritants.</i>	<i>Reflex Sympathetic.</i>	<i>Cerebro-Sympathetic.</i>
Arsenicum.	Cina.	Ipecac.
Ipecac.	Chamomilla.	Emet. tart.
Natrum mur.	Cimex.	Belladonna.
Cina.		Chamomilla.
Chamomilla.		Bryonia.
Colocynth.		
Cimex.		
Pulsatilla.		

It must be understood, however, that this classification is intended to apply only to malarious diseases and specially to agues. It is framed with special reference to the pathological action of drugs on the nerve-centres generally and specially; their indirect action or effects on the mucous, glandular, or other tissues, being a secondary consideration, and to be sought in the pathogenesis of the individual drug. To illustrate, if a paroxysm of ague has only a distinct chill, followed by sweat and there is no heat, we select at once a drug from the spinal irritants because the spine is disordered, and as the chill is the only indication, we will take Nux v. because it stands at the head. If on the other hand, there is no chill, but the paroxysm commences with heat and is followed by sweat, we select a

sympathetic irritant, because the sympathetic system is the seat of disorder, and we take Ars., because it stands at the head. This may be called physiological or tissue homœopathicity. We now come to the pathogenetic, or in other words, not the location, but the kind of disorder, for one chill differs from another. For instance there may be headache with the chill. If we find it in the pathogenesis of Nux, we will adhere to Nux, but if it is a peculiar headache, and we find it only in Puls., then we give Puls. instead of Nux. If the cerebral symptoms are still more prominent, and we have delirium, we may have to take a cerebro-spinal as Chin., or Bell., or Gels., according to the peculiar character of the symptom. And so if the same symptoms or others occur in the heat, we select from the sympathetic or cerebro-sympathetic the medicine whose pathogenesis gives us the special symptom we have before us. And no matter whether it be nausea, or vomiting, or pain in the bones, or stomach, or back, or elsewhere, always selecting from the spinal irritants a drug for symptoms belonging exclusively to the chill, and from the sympathetic a drug for those belonging exclusively to the heat.

These directions are to be understood as applying almost exclusively to single neuroses, or paroxysms which have a chill only, or heat only.

If we have to deal with a real ague—a dual disease—a double neurosis, then both a spinal and a sympathetic irritant should be used, in alternation, since we have two separate and distinct organisms to deal with, each having a special function of its own, and a more or less distinct and specific symptomatology. And in this position we are sustained by the fact, that ARSENICUM and NUX and PULS. have cured nearly as many cases of ague as all other medicines together. I speak now only of the practice of our own school.

Probably almost any sympathetic and spinal irritant in alternation would cure a simple malarious ague, although neither drug was technically indicated in its pathogenesis. That is, the specific headache might belong to Puls., and the specific pain in the bones to Eupatorium, and the specific vomiting to Ipec., and the specific eczema on the lips to Natr. m., and yet the disease might readily yield to Nux and Arsenicum, or China and

Em. tart., or Eupatorium and Cina. Hence the success, at least, for a time, of our more enthusiastic "confrères."

One has fifty, perhaps a hundred cases of ague in a month, and in most the disorder is in the spinal system, that is, the chills greatly preponderate, and a new remedy, a spinal irritant, say Boletus, is given in every case, and most are cured, at least for a time. Another has a like number of cases, in most of which the disorder is in the sympathetic system, and he selects a sympathetic irritant as Arsenicum, and gives with like results; and both publish their cases, and give assurance of equal success, to all whom it may concern.

A third reads, and immediately adopts the treatment of both, to make a sure thing—in one case giving Boletus, and in the next Arsenicum. But his cases are for the most part double neuroses, that is, the paroxysms begin with a distinct chill, followed by an equally distinct heat, and that by sweat, and he fails of course in just the proportion and for the same reasons that the others, his neighbors, were successful. Now the first two were right by accident in a majority of cases, and wrong in a minority; while the last was wrong by a like accident in a majority, and just as it might happen in a minority; and all for lack of a system or rule to guide them. Had the last given both medicines in alternation in every case, he would, probably, have had equal success with the first two. He fails, calls both humbugs, and gives Quinine. What we have said so far applies only to direct malarious irritation of the nerve-centres, and the direct action of drugs on the same centres. But it is easy to understand that malarious irritation may be reflected from the spinal to the sympathetic system, during the chill, and sympathetic symptoms, as vomiting, pain in the stomach, diarrhoea, &c., occur. To such sympathetic symptoms Nux, and most or all spinal irritants might be homœopathic. But if the sympathetic symptoms are caused by previous direct malarious irritation of the sympathetic system, sufficient to cause them, but not sufficient to cause heat, then it is quite as necessary to alternate a sympathetic irritant with the spinal as if there was a distinct heat, inasmuch as it is a double neurosis, both systems being primarily disordered.

And so with the sympathetic system. When with the heat,

there are spinal symptoms, as backache, pain in the bones and limbs, soreness of the flesh, and especially sensitiveness of the skin to cool air, though there is no chill whatever in the paroxysm, we are not required to alternate a spinal irritant, as these symptoms may be caused by an irritation of the spine reflected from the sympathetic system. If, however, there was previous direct malarious irritation of the spinal system, though not sufficient to cause a chill, both a sympathetic and spinal irritant will be required. It is only a seeming exception to the rule. It is a double neurosis after all. If these views are correct, any spinal or sympathetic irritant, or both in alternation, as the case seemed to require, might cure a case of pure uncomplicated ague; but the drugs specifically indicated by the special symptomatology, will do it more certainly, speedily, and permanently, so that it becomes rather a question of time than of fact.

And this corresponds with all our experience on this subject, as there is scarcely a drug, proven or unproven, that has not first or last been recommended for agues, and been reported as having cured them; which is of itself sufficient evidence that any drug may cure some case of ague, and goes far to show the necessity of individualizing each case as carefully as we would other cases that occur in a miscellaneous practice, if we would treat them successfully. And we may likewise learn, if we will, not to be dogmatic in our judgment of others who may differ from us in regard to the pathogenetic value of the symptoms of the various proven drugs in the treatment of agues.

If one cures agues with the third trituration of Calc. carb., it is only a question of fact. No doubt Calcarea might cure an ague. Or if one should report a dozen cases cured with the 40,000th attenuation of Arsenicum, we should not refuse to credit it merely because it seems unreasonable or even impossible.

It is, after all, a simple question of fact, and very nearly resolves itself into a question of the veracity of the reporters. It is not what might or what might not be, but what was and is.

Nor should we be particularly censorious in our judgment of those who, in the uncertainty necessarily attending the use of such a multiplicity of ague medicines, and the conflicting and utterly irreconcilable opinions of the members of our school in

regard to their pathogenetic and therapeutic value, shall, in the last extremity, resort to Quinine.

It is certainly excusable to try it after the most promising and apparently homœopathic remedies have failed. But it is quite questionable if such practice is any great improvement in Therapeutics, especially if given in massive doses, as it generally is.

Quinine is a cerebro-spinal irritant and is homœopathic to the cerebro-spinal symptoms in many cases of ague. But in massive doses it is no more homœopathic to ague than is Strychnine in like doses to tetanus, Opium to rheumatism, or Chloroform to neuralgia.

The opium and the chloroform produce such a condition of the nerve-centres that the peculiar vibration that we call pain is changed, or such condition of the different nerves is induced that the vibration is not transmitted, and so no pain can be perceived while such condition continues.

So with Quinine. If in a given case the spinal symptoms predominate, Quinine produces a condition of the neurine cells of the spinal system incompatible with the sensation of chilliness, or renders the nerves incapable of transmitting the sensation, and so there can be no chill. And this condition generally continues a week, sometimes two, or even three, and then passes away, when the malarious disorder is usually resumed and the chill recurs; and this is precisely what happens in any form of anaesthesia.

But if during this suspension of malarious irritation the malaria should be eliminated, or perish from any cause, the chill would not be likely to recur; and that would be called a cure. But therapeutically it is no more entitled to be called a cure of an ague than would holding the breath be entitled to be called a cure for pleurisy, or abstaining from food and drink a cure for vomiting, or tapping a cure for dropsy.

A new and abnormal condition is induced, and when that ceases, the organism is in a condition more favorable for resumption of the normal condition than during the malarious disorder. That is all, and the best, for it is much oftener in a more unfavorable condition, as the most persistent agues are those caused by massive doses of Quinine. Indeed an arrest of

ague paroxysms with massive doses of Quinine is not in any proper sense a cure, even if they do not return. And Opium, which no one will claim to be a specific in ague, will, in massive doses, arrest the paroxysms with far more certainty than Quinine, although it acts more or less on the whole organism, while Quinine has the advantage of acting specifically on the spinal system and cerebro-spinal. Both are practically anaesthetics.

And here, before extending our inquiries to the more irregular and complex forms of ague, we will, for the better understanding of the principles we have announced, apply them to cases that have actually occurred in practice, and in the order in which they appear in the case-book. The right hand figures are the number of the case in the general record; the left hand the number of the case among fevers. The age is put after the name. So of all cases in this work.

CASE 52.—Dec. 11, 1852. James H., 7. (449.) Chills and heat. Bones and backache. Feels very weak. Feels chilly when the skin is burning hot. Wants to be in the bed and closely covered all the time. Nux, 6 glob., in solution every two hours. Cured. No more chills.

The chills predominate here and the symptoms are all spinal, and a spinal irritant is the true homœopathic remedy, and yet pathogenetically Nux must yield to Arsenicum, Merc., and Acon.

CASE 392.—Sept. 9, 7 P.M. Mrs. Orin M., 28. (2290.) Chill lasting half an hour, preceded by thirst. Has overdone. Pain in the head and back. Hands pale and nails blue. Not much thirst. Some sweat and heat. Acon.<sup>3</sup> in the heat, every hour, and Nux<sup>3</sup> every two hours after.

Sept. 11, 4 P.M. Chill at 11 A.M. and heat at 1 P.M., with sweat. Ends of fingers cold and nails blue. Good appetite. Some pain in the chest and pit of the stomach. Head hot, with some pain. Thirsty, and drinks a good deal. Nausea. Acon.<sup>3</sup> every hour.

Sept. 15, 2 P.M. Chill at 9 A.M., every second day, lasting two hours. Heat after, with thirst. Pain in every bone. No sweat. Vomiting of bile in the chill. Ars. and Ignat. every two hours.

This case needed a sympathetic irritant from the first, as well as a spinal. Probably Natr. m. would have cured it alone, but Nux, or Ign., or Chin. and Ars. would do it sooner. It was folly to trust Acon. alone four days, and then was no better. Ars. and Ignat. are finally given, and there were no more chills.

CASE 56.—Dec. 28, 1852. Freddy W., 5½ mo. (464.) Day before yesterday had a chill. Yesterday had headache; was blue around the eyes, and took Bell. Eyes and nose ran. Skin cool and rough. Eyelids red. Cheeks bluish-red. Pulse 106. Puls.<sup>3</sup>, globules in solution, every two hours.

Here we have a chill every day with predominant spinal symptoms. A spinal irritant cures at once, and Puls. is selected because it meets the catarrhal symptoms. Blue below the eyes is an Ars. symptom.

CASE 57.—Jan. 2, 1853. Willie D., 2. (472.) Chills and heat, alternating and together. Acon.<sup>3</sup>, Cham.<sup>3</sup>, globules in solution. No more chills.

It is difficult to determine here which system is more disordered, and hence a spinal and a sympathetic irritant are selected. Puls. might cure alone, and so, perhaps, might Arsenicum; but much of the disturbance seems to be reflex, and Cham., especially in a child, is the most appropriate remedy, and might cure alone. Puls. and Cham. are preferable to Acon. and Cham.

CASE 70.—Feb. 6, 1852. John W. R., 45. (517.) Heat yesterday, with violent pain through the temples. Very great heat from noon to 6 P.M., mostly in the head. Heat again to-day. Bad taste, but good appetite. Cut his ankle two weeks ago; healed up, but the cicatrix seems to be opening again, and is painful; has bluish edges. Ars.<sup>6</sup>, 4 glob., every six hours.

There is no chill here; only heat two successive days, with headache and no sweat. Arsenicum is the only sympathetic irritant to be thought of here. Good appetite contraindicates Ars. There is not a spinal symptom. And then the opening cicatrix and blue edges of the wound are further indications.

CASE 73.—March 12, 1853. Ellen M., 5. (582.) Taken yesterday with chills, heat, nausea, pain in the stomach; and they continue. Was well before. Puls.<sup>30</sup>, 4 glob., were given, and there was no more disturbance after that day.

The ordinary course of such cases, in the district where the patient was, is to develop a distinct chill, recurring every day or every other day. In this case

the incipient disorder is cut short, no doubt, by the medicine. It would not do it, however, only in a case so recent as this; and most likely the sympathetic symptoms are reflex spinal.

**CASE 76.**—March 22, 1853. Chas. A., 4. (596.) Heat in the night two nights, but no chill or sweat, and no appetite. *Puls.*<sup>6</sup>, 2 glob., every three hours. Cured.

In this case there is no chill or sweat, only heat two successive nights, and is presumed to be well, except a lack of the usual appetite in the daytime. It may appear surprising that *Puls.*, a spinal irritant, should cure this case. But *Puls.* acts mainly on the posterior spinal column, and hence, through the sensory nerves, has more intimate relations with the sympathetic system than any other spinal irritant.

It has, besides, some specific action on the pneumogastric nerve and upper sympathetic ganglia, and with *Merc.* is specially homœopathic to heat in the night. But probably this is from simple congestion from gravity when lying down. It seems to reach over into the Sympathetic system, as does *Arsenicum* into the spinal. So we find it homœopathic to constant and persistent chilliness, with heat, while *Ars.*, on the other hand, is homœopathic to constant and persistent heat during the chilliness. I think that *Ipec.* is more homœopathic in this case than *Puls.* I should expect such a paroxysm, so treated, to recur with chills after a week.

**CASE 78.**—March 24. Samuel B., 40. (599.) Slight chill at noon, and heat after; sweats now. 8 P.M. Some appetite; little thirst; headache; nausea; some cough; worst in the heat. Has had ague frequently. *Puls.*<sup>6</sup>, 6 glob., every three hours.

This man has taken a great deal of Quinine, first and last, for the ague. It don't cure it, and he is afraid to take any more on account of the cough. The symptoms appear to be sympathetic; but it should be remembered that the spinal symptoms have been smothered by the Quinine, and do not appear as they would from malarious irritation, simply. And the fact that there is some appetite and little thirst, indicates that even the sympathetic symptoms are reflex spinal.

*Ars.* in this case would develop a distinct and persistent chill. *Natr. mur.* would not arrest it at once. *Puls.* cured it at once, being specially homœopathic to the lack of thirst and to the cough.

**CASE 88.**—May 6. Langdon M., 42. (688.) Chills, heat, and sweat. The cold prevails; dizzy; pain in the limbs. *Ars.*, 6 glob.; 1 dose. *Strych.*<sup>2</sup>, 1 gr., every five hours.

There is no reason in the world for giving Strychnine in this case rather than *Nux*. There was no disorder of the muscles to indicate it. *Nux* should have

been given, as there are only spinal symptoms except the heat. Ars. might have been alternated as a matter of precaution. But the cure was permanent. There was no return.

CASE 115.—Aug. 22. Mary V., 24. (872.) Chills this afternoon, but no heat after; sweats now after two hours. Bry.<sup>6</sup>, 2 glob., every two hours.

Aug. 23. Some thirst in the night; no stool; considerable heat this morning. Acon.<sup>6</sup>, globules in solution, in the heat, every hour. Bry.<sup>6</sup>, every two hours after.

Aug. 24. Well.

This is very well, but Nux would have been better.

CASE 123.—Sept. 13. Ella B., 5. (1049.) Has a shake every day at 9 A.M. Lasts an hour, with pain in the head and back; hands purple; nails blue; skin cold. In the heat, fretful, thirsty; headache; chills. Sweat, an hour or two after, with thirst; great hunger directly after; between the heat and sweat has choking turus, with delirium; starting and jerking, and is wild, with pale face. Nux<sup>6</sup>, 2 glob., and Cina<sup>6</sup>, 2 glob., every two hours.

Sept. 19. About well; no other medicine was required.

In this case we have a great preponderance of chilliness, and almost all the symptoms are spinal. But the choking, and other excito-motory symptoms, indicate Ignat. rather than Nux, as do also the reflex cerebral symptoms. Cina is very properly alternated as a sympathetic and reflex cerebral irritant, especially in children. It is also specially indicated by the early access of hunger, and hypersesthesia of the pneumogastric nerve, through which comes the Cina cough.

CASE 128.—Sept. 25. Mrs. Eli K., 60. (1093.) Chills and heat every day for three days; thirst in the chill the second day; dull headache and nausea during every chill; no appetite till to-day; cold feet and hands, and nails blue in the chill. In the heat very few symptoms, and don't mind them. No sweat till long after the heat. Nux<sup>6</sup> and Natr. m.<sup>6</sup> every two hours.

The symptoms here are all spinal, and there seems to be no good reason for giving Natr. m. with the Nux. Had she taken Quinine before, it would be quite proper; now it seems unnecessary. It can do no harm, however. There was no return of the ague while she lived, which was nearly a year.

**CASE 508.—May 5, 1856.** Mrs. E. Stockton, 28. (2660.) Chills and heat every other day. Has a child three weeks old. Constipation; little chill and a great deal of heat; no nausea, but some pain in the stomach; headache; no sweat. *Ars.<sup>st</sup>*, watery solution, 3 grs. to 1 oz., 10 drops every two hours. *Nux<sup>st</sup>*, 1 drop every two hours, for twelve hours.

May 10. No more chills nor heat, after taking the medicine one day.

If this case had been trusted to *Ars.* alone, like Case 2492, it would have been equally protracted. The prescription is correct.

**CASE 509.—May 6.** Leona L., 2 $\frac{1}{2}$ . (2662.) Shakes every morning at 9 o'clock. Heat after, and sweats freely; thirsty in the heat and chill; most in the chill. *Ars.<sup>st</sup>*, 3 grs. in 1 oz. of water; 6 drops every two hours.

This child had the ague last summer, and took Quinine and other medicines. In October had a diarrhoea, which was cured by Bell., but continued to have chills all winter, though she took more Quinine and various ague medicines. Two weeks ago, on the 21st of April, she had *Ars.*, and no more chills till a few days ago. Now *Ars.* cured this case, and yet, according to Douglass, the "profuse sweat," the "shaking chill," and "thirst in the chill," all contraindicated it. It is not often that *Ars.* will cure such a case, and the probability is that some of the symptoms may have been due to the Quinine, and *Ars.* would then be homœopathic. There is no other evidence, however, than the history of the case. The symptoms are only those of malaria.

**CASE 513.—May 30, 10 A.M.** Otis C., 17. (2682.) Chills two or three times a day for several days, with but very little heat. Yesterday had a distinct chill, and heat after, followed by sweat; pain through the hips and abdomen; headache; stretching and frequent yawning; good appetite. *Ars.<sup>st</sup>*, 3 grains in 1 ounce of water, 10 drops every two hours.

June 1, 4.15 P.M. No chill to-day, and very little yesterday; slight pain in the bones, with stretching. Cont.

June 5, 9 A.M. No more chills nor heat; no appetite; pain in the back, across the hips; worst when lying down. *Rhus*, 6 glob., every three hours.

The most remarkable thing in this case is that he is predisposed to phthisis, and subject to cough, and yet there is no disorder of the lungs whatever, and nothing but the "good appetite" indicates any disorder of the lungs. This cure

was delayed a week by trusting a case so manifestly requiring a spinal irritant, wholly to a sympathetic irritant. Had *Rhus* been given with the *Arsenicum* the first day, there would have been no second prescription to record.

In selecting these cases, fewness of symptoms, and freedom from complications, were the principal conditions sought, and these are usually found only in recent cases, since there are few of any considerable standing where there is not disease of the liver or spleen, or some other important organ.

It will be noticed, also, that in the treatment, no attention is paid to "time or type;" matters that occupy some space in the books, and waste the time of the busy practitioner to very little purpose.

So far as the time of day when the paroxysm occurs is concerned, every one who has treated many cases of ague knows very well that it can have very little significance. The least indiscretion in labor, eating, exposure to cold, changes of weather, &c.—any one of a thousand circumstances—may change the paroxysm from one hour to any other of the twenty-four; and then a single glance at chap. v of *Douglass*, headed "Time and Type," is quite sufficient for our purpose. Of the 15 remedies under the head "morning," only *Eupat.* is of the least consequence in the treatment of agues; of the 3 marked "forenoon," not 1; of the 14 marked "afternoon," only *Ignat.*; of the 22 marked "evening," not 1; of the 7 marked "night," only *Ignat.*; and of the 9 marked "all periods," only *Ars.*, *Bry.*, and *Chin-sulph.*; while the other really available ague medicines are recorded in this wise: *Nux*, *Puls.*, and *Rhus*, "all periods except in the forenoon;" *Bell.*, "except in the afternoon;" *Cham.*, "except evening and night;" *Cina* and *Verat.*, "except forenoon and night;" *China*, "except night;" and *Natr. m.*, "except evening."

And thus we have *Ars.*, *Bry.*, and *Quinine*, at any hour; and *Nux*, *Puls.*, *Rhus*, *Bell.*, *Cham.*, *Cina*, *Veratr.*, *China*, and *Natr. m.*, at almost any hour, while nothing at all is said about *Ipec.*, *Em. t.*, *Cimex*, and *Sabadilla*, &c. Now, what difference does it make, and what care we for the time when all the real ague medicines are thus virtually made homœopathic to any possible time? For who believes that *Ignat.* is only homœopathic to night paroxysms? That *Nux*, *Puls.*, and *Rhus*, are inefficient

in forenoon paroxysms, or that China will not cure night paroxysms, nor Natr. m. evening paroxysms? Such distinctions have no practical value, and tend only to cumber our therapeutics and embarrass the practitioner.

As for the type, periodicity is stamped upon every form of matter and seems inherent in every natural phenomenon. It is a law of motion and of organism. In our solar system there is little interference, and periodicity is almost or quite unerring and unvarying.

Periodicity in vegetables is much less so, on account of temperature, climate, cultivation, and a thousand disturbing influences and agencies.

But in animals all these disturbing elements operate with a thousand fold more power. When, however, the uncertain and constantly varying specific periodicity of vegetable, and unknown periodicity of mineral remedies, are brought to act upon the still more uncertain specific periodicities of animal organisms, themselves disordered by unknown irritants of unknown specific periodicities, we may safely question the practical utility of recognizing any specific periodicity at all in the treatment of agues. For these considerations we have not noticed the time or type in the cases that we have presented.

The importance of thirst as a pathognomonic symptom in agues is strongly insisted on, and much importance attached to its presence or absence in the different stages of a paroxysm. An examination of chapter iii of Douglass will be quite sufficient to settle the value of any such claim. There we learn that "thirst is present during the whole paroxysm," and also "wanting" in Bell., Calc., and Nux, and that "thirst" is both "present" and "wanting" during the chill in Bell., Bry., Carb. v., China, Cina, Natr. m., Nux, Puls., and Rhus tox. And that "thirst" is both "present" and "wanting" in the heat, in Ant. tart., Ars., Bry., Caps., Carb. veg., China, Cina, Coff., Merc., Natr. m., Puls., Rhus, Sabad., Sepia. Here then we find almost all the important homœopathic remedies for agues, as, Arsenicum, Bell., Bry., China, Cina, Natr. m., Nux, Puls., Rhus, homœopathic to "thirst" and "no thirst," in the heat or in the chill, or in both. And of the only other really important remedies, we learn that Ign. has "thirst during the

chill," and "none in the heat," while it is "wanting in the sweat," and that Ipec. and Quinine, on the contrary, have "thirst during the heat," while it is "wanting during the chill." That Eupat. has "thirst before and during the chill, and during the heat," but none "during the paroxysm."

That in Cimex it is "always wanting except before the chill," and "after the sweat." That Cham. has it "during the heat and sweat," and also in the "whole paroxysm." That Veratr. has it "only in the heat," while it is "wanting *only* in the sweat." But perhaps the most perplexing part is, that in Nux it is "present during the whole paroxysm," yet does not occur "between the chill and heat," and is "wanting during the paroxysm," and also "during the chill," but "not during the heat and sweat."

This may be very clear to others, but we must confess that it rather confuses us. It is certainly easy enough to follow the chapters and headings step by step, but what is the practical result?

We do not treat agues as we do other diseases. That is all; no more—no less. No doubt thirst, as a pathogenetic symptom, has its therapeutic value; but what is it?

Thirst, aside from hygrometric conditions, as the amount of water in the organism and surrounding atmosphere, and its "status" in the organism, probably depends upon hyperæsthesia of the upper sympathetic ganglia or medulla oblongata, or base of the brain at the roots of the fifth and eighth nerves, or the pneumogastric, and this may be the result of direct or reflex irritation. So dryness of the mouth and fauces, from breathing through the mouth rather than the nose, may cause thirst by reflex irritation; and so may teething and intestinal irritation, from worms, or any like cause. Or the thirst may arise from centric or direct irritation. In the first case we may find our remedy in Ars., Cham., Natr. m., or Cina; in the last, in Ipec., Em. tart., Bell., Bry., Nux, and China.

To show the lack of practical therapeutic value in such hair-splitting distinctions as we find in chapter iii of Douglass, we have only to call attention to the fact that nausea and thirst are very nearly incompatible, and the explanation is quite simple. The hyperæsthesia on which the thirst depends soon passes

into irritation and the consequent disorder upon which the nausea depends, and of course the thirst ceases. When the irritation or pathological condition passes away, the hyperæsthesia may be resumed, and the thirst return and remain till that condition finally subsides. There is "thirst with nausea," only when some portion of the nerve-centre is in a physiological state and another in a pathological. Other things equal, the chances for thirst are greatest at the beginning of the chill and at the end of the heat. And now under such conditions, physiological and pathological, symptomatic and pathogenetic, what possible credit can be allowed to such varying and uncertain distinctions as "thirst after the chill," and "before the heat, and before the sweat," &c., &c.? Of course thirst may have some meaning, but is there any evidence that it means all this?

The distinctions made with regard to sweat are more reliable, as they refer to the quality of the sweat and not to the time or stages or conditions of the paroxysms, and really belong to general pathology and not the special pathology of agues at all. Other symptoms than those to which we have referred, occurring "before, during, and after the paroxysm," are more important, and in many instances no doubt quite characteristic. Still a very large proportion have no place in the treatment of simple malarious fevers, but belong to mixed, compound, or complicated agues, of which we will now speak.

Speculative nosologists divide agues into quotidian, tertian, quartan, and double quotidian, double tertian, &c., &c. But such a classification has no practical value whatever. Indeed, it is a question if any one can determine whether an ague with a regular paroxysm every day is a quotidian, a double tertian, or a triple quartan.

Then there are supposed to be agues in which the paroxysms are perpetuated by an acquired periodicity of the organism; the paroxysms thus continuing to recur after the malarious cause has passed away.

If such cases do occur they require no specific drug treatment. Any violent disturbance of the system at or about the onset of the paroxysm would be quite sufficient to break the habit, and possibly some remarkable cures, accredited to certain drugs, may have been of this character. There is still an-

other class, and one that simulates malarious agues so nearly as often to be mistaken for them. Indeed, they are usually treated with Quinine and other so-called antiperiodics, even in non-malarious districts, when the cause from first to last is entirely local, as an abscess of the liver, structural disease of the kidney, some forms of lung disease, or even "fistula in ano." Such cases are, of course, to be treated without reference to periodicity.

The more natural, and, in fact, the only practically useful division is into

1st. *Simple Intermittents*, or those caused by the direct action of malarious poison, which we have already considered.

2d. *Compound Intermittents*, or those in which the malarious disease is complicated with some local disorder of the liver, spleen, or other important organ.

3d. *Typhoid Intermittents*.

4th. *Quinine Cachexia*. Caps., Nat. m., Ars., Puls.

Any simple malarious intermittent may become a compound one. Indeed, most agues of long standing become complicated with disease of the liver, spleen, or some important tissue or organ. And these cases are the most difficult to cure, inasmuch as the malarious and the local irritations mutually aggravate each other, and medicines homœopathic to the malarious disorder are not always homœopathic to the local, and *vice versa*, while it is almost impossible to cure either before the other is cured. In other words, if a malarious intermittent has become complicated with disease of the liver, the latter disease is always aggravated during the paroxysm, and by reflex irritation is sure to aggravate the malarious disorder of the sympathetic system, and generally the spinal also, and thus the paroxysm of heat, or chill and heat, is reproduced.

If a local irritation can cause regular paroxysms of chill and heat without malaria, it will certainly predispose the spinal and sympathetic systems to malarious disorder. So it is easy to see that if the malarious irritation could be entirely removed by appropriate remedies the local irritation would reproduce the paroxysm; and it is quite as certain that merely curing the local disorder, if it could be done, would not be likely to prevent a recurrence of the paroxysm, unless, at the same time,

the spinal and sympathetic systems were restored to their normal condition, seeing that the paroxysms existed before the local disorder, and the original cause, the malaria, still remains. So we have here to deal with a double neurosis, requiring two remedies, a spinal and a sympathetic irritant; and at the same time, also, a disorder of the liver, essentially as distinct from and independent of the malarious disease, as if the latter did not exist at all. Now this would make less difference but for the fact that the specific ague medicines are not always perfectly homœopathic, or even the most homœopathic to the local disease.

It is true that in a majority of cases the reflex irritation extends only to the sympathetic system, and these compound agues have only heat, or at most some chilliness with the heat, but in very many cases the chill is distinct, and probably from direct or centric malarious irritation of the spine. In such cases, where the liver or the spleen is the seat of local irritation, Nux and Arsenicum or China and Arsenicum might answer; and yet Merc. and Pod. would most likely be much more homœopathic to the local disorder, while in case of disorder of the lungs we might add Phos., and what is true of the liver and lungs is true of all other local concomitants of malarious intermittents. This seems to require an enlargement of our list of ague medicines, and so we add Merc., Pod., Phos., Calc. c., Merc. iod., Ars. iod.

We cannot better illustrate the proper application of our principles than by the introduction of the treatment of some real cases.

CASE 401.—Sept. 13, 1855. Walter P., 8. (2318.) Liver complication; functional; taken day before yesterday in the forenoon with chills; hacking cough; sharp pains from the right hypochondrium to the back; hands and feet cold and purple in the chills, with goose flesh; yesterday chill with headache and thirst; in the heat headache and nausea, with pain in the right side.

Sweat all to-day; no chill; pale; diarrœa yesterday; has taken Nux<sup>3</sup>, and Puls.<sup>3</sup> Cont., but to-morrow Nux<sup>3</sup> and Ignat.<sup>3</sup> every two hours.

In this case the malaria acted first on the spine, and then on the liver through the hepatic plexus. The second day the sympathetic system is more disordered. Puls. with Nux was a good prescription the first day, as the posterior spinal column seems most disordered, but after that Nux and Merc. are the medicines instead of Nux and Ignat., for two spinal irritants are not needed. Puls. and Merc. are better than Nux and Ignat.

**CASE 512.**—May 21, 1856. Elon C., 16. (2674.) Liver complication; structural; been sick two or three months off and on, and for days at a time; chills in the forenoon one hour, with headache, stretching and yawning, and for a while pain in the bones; heat lasts till night; in the heat, some thirst with bitter vomiting, and pain in the bones and head; not much appetite; weak and sweats some; some sweat in the night, and after the heat; chill every day; sweat is sometimes profuse, and very stinking; taken Quinine; “don’t faze it now;” has now had it three days running. Merc.<sup>24</sup>, every two hours.

There are no positive physical signs here of disease of the liver, but the long persistence, the inefficiency of Quinine, the stinking sweats and the bitter vomiting indicate the local irritation and its seat in the liver. In the beginning this case would have required a spinal irritant for the malarious disorder. Now Merc. is sufficient, as the local disorder has almost superseded the other.

**CASE 414.**—Sept. 25, 1855. Mrs. Eliza H., 35. (2353.) Spleen complication; structural; has had chills and heat; none for a week; pain in the left side of the head; goes into the neck and throat, in paroxysms; began yesterday at 11 A.M., and continues; sometimes runs all over; pain in the throat; head and face hot; throat gets dry; habitual constipation; has a long hard tumor in the left iliac region in the track of the rectum; tolerable appetite only when the head aches; occasional perspiration. Sometimes sensation of fulness and pressure in the abdomen; dyspnœa; hot feelings all over; back weak, and hurts through the hips to move; throat and tongue always dry; years ago had a sore spot below the navel; had nettle-rash last summer. Taken a great deal of medicine; some Calomel. Merc. every two hours.

Oct. 2. Headache has come on earlier two hours every day; feels the least current of air; head and feet feel hot when the

head aches, and some general heat; bowels more regular; stomach feels better; breathes freely; sits up all the time except when the head aches. Merc. and Ars. every two hours.

Oct. 9. Better. Some heat every afternoon with headache; some pain in the left side. Cont.

Nov. 2. Headache every other day; began at midnight last night in the top of the head, with pain in the back of the neck; left side worst. Ars., Nux every two hours.

Nov. 29. Some pain in the head, most in the morning; inclined to constipation; tumor in the abdomen same; appetite as usual; sleeps well. Ars. every four hours one day, and Nux every four hours next, &c.

Dec. 27. Better. Cont.

Feb. 25, 1856. Better. Tumor gone. Continue at longer intervals.

This was a malarious disease at first, but was perpetuated by the local disease of the spleen. There had been a great deal of medicine taken to no good purpose, and among the number Calomel; therefore Merc. was contraindicated, and should not have been given at all.

The original spinal symptoms had become changed to neuralgic pains, headaches, &c., and require as much attention as if still chills and pain in the bones, and yawning and stretching as at first. Nux and Ars. would have cured this case in a much shorter time, and should have been given in different attenuations, if necessary.

CASE 714.—Nov. 1, 1858. Hiram S., 21. (8911.) Spleen complication; functional; chills and hot flashes all last week, with pain in the back, and now in the side; no appetite last week; better now; no chill since day before yesterday; pain now is in the region of the spleen; night sweats; no heat in three days; the chilliness was most in the back, with burning in the stomach; motion or taking a long breath hurts the side. Ars.<sup>24</sup>, 3 grs., in an ounce of water, 500 shakes, 10 drops every two hours.

The spinal symptoms were predominant at first, but the spleen became a source of local irritation, and the medicines he took only aggravated the disease.

CASE 180.—March 22, 1854. Viola S., 5. (1891.) Lung complication; functional; has been complaining of chills and heat occasionally all winter, and has a harsh loose cough by

turns; comes on in paroxysms of half an hour long; one cheek red at a time; sweats nights; soreness in the left side of the chest and hurts to cough; chilly, with hot and red face or cold and red; cold hands and feet; hands sometimes hot; chilly this morning from 9 to 11; shivers and yawns and stretches. Very thirsty in the chill. Less thirst in the heat. Not much sweat till night; no appetite; only occasionally hungry; screams and is frightened on waking suddenly in the night, with profuse sweat. Nux every two hours.

March 24. Yesterday had a hard chill; to-day better; no chill; no heat; cheeks red; less cough; soreness across the stomach; good appetite now. Puls., 4 glob., at bedtime, and continue Nux.

March 26. Slight chill yesterday; good appetite; cough loose; in paroxysm, most in the night; hurts at pit of stomach; sore all through the abdomen; can't bear her clothes to touch her; bowels regular; passes urine every time she coughs, and also vomits; thirsty in the chill. Puls. every three hours.

April 6. Nothing of disease remains but the piles, for which she had Nux and Sulph. every night.

In this case there is a phthisical predisposition, and the lungs are easily disordered. The spinal symptoms were predominant from the first, and the lung symptoms were reflex only, but finally became so disordered as to be a source of local irritation, and several physicians pronounced it incurable phthisis.

Had not a spinal irritant been given, the case would have terminated fatally, and yet it required some medicine that had a specific action on the lungs, else the treatment would have proved a failure.

CASE 797.—Feb. 18, 1860. Margaret R., 23. (4489.) Lung complication; structural; has had chills all winter; pain in the limbs and general debility; alternate chills and heat; flashes of heat; has had sore throat for years; pain in the head; pain and general soreness in the left lung; shifting pain through the shoulders and back; top of the left lung worst; gets tired easily; can't do anything; short breath; makes her dizzy to take a long breath; skin dry, husky, and rough; little feeling in it; pulse 64; taken a great deal of Quinine; some cough in the morning; cold hands and feet; little appetite; stomach feels bad; stomach sour; worst pain in the head is frontal; cheeks burn occasionally when she feels chilly; had the measles

four years ago, and never been well since. Ars.<sup>18 4</sup>, every two hours.

Feb. 20. Same. Puls.<sup>14</sup>, every two hours one day, and Ars.<sup>3 4</sup>, 3 grs., in 1 oz. water, 1000 shakes, 10 drops, every two hours next, &c.

March 6. Better every way; stomach-ache yet. Cont.

Here is a case of lung disease of at least four years' standing, and so, long preceding the malarious disease. The mistake in this case was in trusting to Ars. Puls. was indicated as a spinal irritant from the first, not only by the symptoms, but from the fact that the starting-point was measles. Perhaps it might have cured alone, but with Ars. is much safer. When, of all the disease, only stomach-ache is left, the attenuation should be raised to 30th. This patient was soon well, but went to the East and died of phthisis five years after.

CASE 484.—Oct. 4, 1855. William E., 51. (2386.) Kidney complication; structural; chilly, with heat all day; skin dry and hot; aching and stitching in paroxysms; pain and soreness at pit of the stomach and in the right iliac region; has had a diarrhoea; none to-day. Ars. and Puls. every hour.

Oct. 5. Urine bloody, with brickdust sediment. Phos. ac.<sup>2 4</sup>, every hour.

Oct. 6. Better. Cont.

Oct. 7. Better. Cont.

Oct. 8. Has had a severe chill similar to his old ones, and heat after. Nux and Merc. cor. every hour.

Oct. 14. Had no more chills. Well.

This man has had the ague a great deal, and fevers, and disease of the liver, and spleen and kidneys. There is considerable blood in the urine, and the skin is almost copper-colored. Nux and Ars., or Ars. jod. should have been given from the first.

It will be seen that we have treated all these cases so far with spinal and sympathetic irritants, with the exception of Merc., Phos. ac., and Sulph., though only the Merc. was of any particular use. But we might have given Pod. in Cases 2318 and 2674 for the sake of novelty, and Phos. in Case 2353, and Cale. in 1391 and 4489, and Canth., or Terebinth., or Hamamelis in 2886. But why go out of our way for a new medicine when we have in our hand an old one that is better?

We come now to typhoid intermittents.

It is by no means certain what is the cause of that peculiar condition of the organism called typhoid. Whether it is the effect of a certain specific poison on the organism, or certain changes of the elementary constituents of the tissues, caused by various agencies, is as yet not fully settled. So far as can be seen, a typhoid intermittent is a simple malarious disease occurring in a person of less than an average vitality, and yet it is very doubtful if this will explain the very essential differences in the symptoms of the cases as they occur in practice. So far, however, as it is a practical question, a few cases will better illustrate these differences, and any modification in the treatment than pages of speculative explanation. We incline to a specific poison as a cause.

CASE 167.—Jan. 28, 1854. Mary S., 3. (1806.) Began with a chill; great heat ever since; been sick thirty-six hours; cheeks red; breath fetid; tongue coated back, but clean and red toward the point; papillæ very red; inside of the hands now moist; constipation; headache; feet cold; hands tremble; general weakness. Acon. and Rhus<sup>6</sup> every hour.

Feb. 5. Has been about well; since yesterday has had heat, chills, cheeks red; white around the mouth and nose; lips dry and scabby; diarrhoea yesterday; only one stool to-day; tongue red and coated yellow; pain over the left eye; no appetite; skin dry; discharge from the eyes and nose; abdomen bloated; nausea; slight hacking; picks her nose. Bry.<sup>6</sup> every two hours.

Typhoid fever has been prevalent in the neighborhood, and there has been one case in the family. The symptoms are typhoid, and if not prevented, this case bids fair to run two or three weeks or more. Rhus is well, but Acon. is not of the least use. The true remedies are Bry. and Rhus, or Bry. and Ars. This prescription would have prevented the recurrence of the chills a week after. It is somewhat singular that Rhus should have been given when there was constipation, and withdrawn, and Bry. substituted when there was diarrhoea. The second prescription should be Bry. and Rhus.

CASE 231.—Sept. 13. Sylvester S. S., 24. (1702.) Taken four days ago with pain all over, after taking cold. Cold chills and heat together, followed by sweat; chilly early yesterday morning; heat at 9 A.M., and sweat at 3 P.M., and all

night after, profusely; some thirst in the chill; in the heat thirst, headache, and chilly, if in the least uncovered, and delirium; tongue has a thin smooth white coat with a blue shade; cold feet; hunger, but no appetite, in the apyrexia; constipation four days. Ars. and Nux every two hours.

Sept. 15. No chill yesterday; chill to-day, but no heat; some sweat night before last, but none last night; no appetite; slight hacking cough; soreness in the chest with stitches to-day in the chill; abdomen sore; no stool in six days, except a slight mucous discharge and a small lump of hard fecal matter. Bry. and Rhus every two hours.

Sept. 20. Bowels have moved freely; two light yellow watery stools to-day; tongue has a thin white coat; some appetite; slight heat this evening; abdomen firm to the feel and tender on pressure; left side worse, and can hardly lie on it; hard pressure hurts in the right iliac region; skin moist; no headache nor chills; can't bear any cold water about him; makes him feel chilly; hacking cough only when lying on the left side. Merc. and Bell. every two hours.

Sept. 21. Abdomen firm to the feel, and sore to pressure all over, but tender in the right iliac region and pit of the stomach; no stool since yesterday; tongue same; sharp cutting in the abdomen at times; some perspiration in the night when asleep; shooting pain in the left hypochondrium on coughing, and hurts to take a long breath; urine free, but high-colored. Bry. and Merc. every two hours. To-morrow, Bry. and Ars., and next Bry. and Rhus.

Sept. 24. No heat the last two days; rumbling in the abdomen; skin moist and cool; no stool since day before yesterday; pit of stomach tender, and soreness in the left hypochondrium on pressure; hurts to cough; good appetite; craves pork and beans—anything; pulse 68; tongue has a thin white coat. Nux, 4 every two hours; Sulph. 4 every eight hours for thirty-six hours. Then Bry., 4 every four hours; twenty-four hours. Then Merc., 4 every four hours; twenty-four hours.

This case was surrounded with dangers, and mixed with perplexing complications from the first. Held a responsible position on a railroad; was overworked in body and mind; remained as long as he could stand up, and was still anxious about his business. There was hunger in the heat, but none in the apyrexia,

which is usually a sign of disorder of the lungs. The spleen was in trouble. There was the soreness to pressure in the region of Peyer's glands, said to be a concomitant and even pathognomonic sign of typhoid fever. There was delirium and diarrhoea and bloated abdomen, and other intestinal disturbance, besides he was greatly discouraged. It is doubtful if the treatment can be greatly improved upon, as the entire time is less than two weeks. In 1871 has had no return of the fever.

CASE 444.—Oct. 7, 1855. Mary Ann B., 16. (2399.) Chills and heat every day; very pale; no menses in two months. Has a swelling in the region of the stomach, which is very painful, and comes and goes; seems to be in the transverse colon. Face yellow; tongue red, with a whitish-yellow coat and red and dry in the middle. Chill at 12 M.; light. No thirst; no pain; and none in the heat, which is light. Nux every two hours.

This case is introduced because it is not clear that it has a typhoid character. The tongue is red and dry in the middle, and there are many cases of typhoid fever about. But the swelling in the epigastrium is without doubt rheumatic, and may give the red tongue and brown coating. Although cured, yet I would give, in such a case, Nux and Puls<sup>20</sup>, as it would meet the menstrual and rheumatic difficulties better than Nux, although the last is necessary for the spinal symptoms, and without it the chill would recur. Many a rheumatic disorder of the rectum and ileum has been mistaken for enlarged spleen, and typhilitis.

CASE 467.—Oct. 25. Adelia B., 7. (2437.) Sick five days; pain in the head and nape of the neck; great heat; was chilly; neck sore and lame, with great pain; delirium last night; very white coat on the tongue; took cold; soreness and pain across the abdomen; lips dry and scabby. Some of the family have had typhoid fever. Acon. and Rhus. every hour.

This girl was sick five days with chills and various cerebro-spinal symptoms, when she took cold, and the soreness and aggravation of all the symptoms came on. Some of these may be rheumatic. Bry. and Rhus should be given.

CASE 837.—Aug. 27, 1860. Helen W., 12. (4833.) Sick more than a week, with occasional chills; some heat; not much; lips covered with dark brown scabs; some dry cough; worse in the night; abdomen a little bloated and tender to pressure; thirst in the night; no appetite; tongue red and dry;

several loose, yellow stools. *Rhus*<sup>34</sup>, *Merc. bin.*<sup>31</sup>, every two hours.

This is perhaps the most representative case we have selected, and yet, no doubt, there is much local irritation in both liver and spleen here. It is difficult to find a perfect simile, in actual practice, to the ideal forms of disease as pictured in the books. *Rhus* and *Merc.* cover the whole case and needed no second prescription.

It is not necessary to multiply cases or lengthen our remarks. It will be seen that the treatment of these cases is not essentially different from compound malarious agues. And the treatment of non-malarious typhoid fevers is the same, with very slight modifications to meet certain new symptoms. And, as for quinine cachexias, we have only to bear in mind that *Ars.*, *Caps.*, *Natr. m.*, *Bell.*, and *Puls.* are specially indicated. In writing the notes to cases in this work, I have found it so difficult to decide when a case of typhoid fever was and when it was not malarious, when intermittent and when remittent, and when not, that I concluded to take all cases as they occur in the record. The shades of difference are so very slight between a remittent and an intermittent, that it is impossible in practice to say when the one ends and the other begins. In fact, some cases commence with distinct cold and hot stages, run on a few days, and then drop the chill, and run a week or two with almost continuous heat, and then the chill returns regularly again. It is doubtful if a division of fevers into intermittent, remittent, and typhoid is of the least practical importance in a malarious district.

Before entering upon the cases it may not be amiss to make some explanations which will facilitate the selection of a remedy.

In deciding what are spinal, what sympathetic, what drug or other symptoms, we are first to inquire into the relation of time, that is, whether they occur in the chill or before, or in the heat or before; and next into the sympathetic relations, through the nervous system. So far as time is concerned we may remark that as a rule, almost invariable,—

The CHILL, and all symptoms commencing immediately prior to the CHILL and during the CHILL, are direct or reflex spinal, and

All symptoms that begin immediately before or during the **HEAT**, are direct or reflex sympathetic.

As to sympathetic or nervous relations, we may say that,

The most characteristic symptoms caused by malarious disorder of the **ANTERIOR SPINAL COLUMN** are,

1. Sensation of drawing.
2. Stretching and yawning.
3. Shivering and shaking.
4. Twitching and jerking.
5. Cramps.
6. Clonic spasms.
7. Tonic spasms, and even,
8. Lock-jaw.
9. Headache.—Reflex.

The most common symptoms caused by malarious disorder of the **POSTERIOR SPINAL COLUMN** are,

1. Soreness of the skin and flesh.
2. Intolerance of cool or cold things.
3. Extreme sensitiveness to cool air.
4. Pain in the bones and all over.
5. Shooting, darting pains.
6. Cold hands and feet.
7. Nausea.
8. Vomiting.
9. Pain in the stomach.
10. Dyspnoea.
11. Dry or loose hacking cough.
12. Palpitation of the heart.
13. Sweat.
14. Headache.

Reflex through the pneumo-gastric and phrenic nerves and cardiac plexus.

The most common **CEREBRO-SPINAL** symptoms are,

1. Delirium.
2. Pressure in the head.
3. Illusions of sense.
4. Roaring and humming in the ears.
5. Blindness.
6. Headache.
7. Twitching of the muscles.
8. Convulsions.

Where the entire diameter of the cord is disordered, all these symptoms will be more or less mixed.

The most common **SYMPATHETIC** symptoms are,

1. Heat.
2. Nausea.
3. Vomiting.
4. Persistent distress in the stomach.
5. Burning in the stomach.
6. Diarrhoea.
7. Distress in the bowels.
8. Griping.
9. Sensation of pressure in the abdomen.
10. Palpitation of the heart.
11. Dyspnoea.
12. Cough.
13. Headache.

Purely **REFLEX SYMPATHETIC** symptoms are those caused by disorder of any of the contents of the abdomen, chest, or pelvis, as uterine or ovarian irritation causing hysterical spasms, irritation of the intestinal mucous membrane causing convulsions, &c.

**CEREBRO-SYMPATHETIC** are similar to the cerebro-spinal, only they arise during the heat instead of during the chill.

We have before classified the medicines so as to correspond to this table, and where we find none but spinal symptoms in a given case, we may trust it to a single spinal irritant, and that one which has the special spinal symptoms here laid down or other like symptoms. And so of the sympathetic and cerebro-spinal, &c., &c. So far as relates to drug symptoms and reflex symptoms, from local irritation or disease, as of the liver, spleen, bowels, ovaries, &c., no special instruction is needed. The "CASES" abound in such symptoms, and they can best be studied there.

To give the beginner a practical lesson on the subject, I will take

**CASE 536.—Aug. 24, 1856. Mrs. Peter H., 42. (2813.)**

1. Chills,	Spinal.
And heat,	Sympathetic.
A long time,	Hepatic.
2. Chill generally in the forenoon, lasting three or four hours,	Spinal.
3. Begins with cold feet,	Posterior spinal.
4. Then alternate chills, And flashes of heat,	Spinal.
5. With pain in the shoulders,	Reflex spinal.
6. Cramp in the stomach,	Spinal.
7. With vomiting, Of green and bitter bile,	Anterior spinal.
8. And pain in the head,	Reflex spinal.
9. Hands and feet white and cold, as if dead,	Hepatic.
10. Delirium, Has broken the ague several times with Quinine, and this symptom may be a	Reflex hepatic.
11. Very weak,	Posterior spinal.
12. In the heat, pains all over,	Cerebro-spinal.
13. With aggravation of the headache,	Quinine symptom.
14. And vomiting of ingesta,	Sympathetic and posterior spinal.
15. Very thirsty in the chill, Less in the heat, and very great distress.	Reflex sympathetic.
16. Pain in the right side now all the time,	" "
17. Has been in the left,	" "
18. Sweats a great deal,	" spinal.
19. Hacking, dry cough,	Hepatic.
20. Appetite poor.	Splenic.
21. Food distresses her after eating,	Glandular. Hepatic.
22. Bloats a great deal,	Hepatic.
23. Yawning and stretching in the chill,	Solar plexus.
	Excito-motor spinal.

24. Complains of her knees drawing up,	Anterior spinal.
25. Pain,	Posterior spinal.
26. With great heat in the abdomen and back,	Sympathetic.
27. Darting pains all over,	Posterior spinal.
28. Arms sometimes get very cold,	" "
29. Sometimes very hungry in the apyrexia.	
30. Cachectic,	Hepatic. Splenic. Drug.
31. Face yellow,	Hepatic.

Here a single glance suffices to show that the symptoms are mostly spinal, as the most of them appear before or during the chill, and very few new ones in the heat. But as the heat is very considerable and the spinal symptoms are aggravated in the heat, it requires a sympathetic quite as much as a spinal irritant. The first question is, which of the spinal irritants is best? "The long chill, the stretching and yawning, the cramp in the stomach, the drawing up of the knees, pains in the shoulders, the cold feet, the alternate chills, the weakness and pain" indicate a general spinal irritant, and that neither a posterior nor anterior will be sufficient. Nux is the only one that will answer our purpose here, and we need not look further, for it has also the gastric, hepatic, and cerebral symptoms.

The sympathetic irritant should meet the "great heat, especially of the abdomen and back," the "green and bitter vomiting, and vomiting of ingesta," and all the hepatic, splenic, and drug disorders, and only Ars. will do this. And Nux and Ars. cured this case, though Cimex was given. The prescription was Nux<sup>3/4</sup>, every hour the first day, Cimex<sup>1/4</sup>, the second day, and Ars.<sup>2/4</sup>, the third day, &c., till cured. Now Cimex is a reflex sympathetic irritant and excito-motor at that, and acts specially on the motor nerves of the throat and stomach, and sensory branches of the fifth nerve, and perhaps on the eighth. It seems to have in its pathogenesis "drawing up of the knees" and "deadness of the fingers," and would do very well here were it not for the fact that in this case these symptoms are direct spinal, originating in the chill, and not reflex sympathetic, appearing first in the heat. And besides, the "white, cold hands" here, probably depend upon the splenic disorder, and then Cimex is ruled out entirely. Cimex was not needed at all. Puls. would answer in place of Ars., but the dry cough is against

it; and Natr. m. would be better, but has no green and bitter vomiting. Should have been Nux and Ars. every two hours.

As the prescriptions are copied directly, without alteration, from the "case-book," they may require some explanation.

All the attenuations are centesimal unless otherwise noted, and when they are,  $\frac{1}{2}$  or  $\frac{1}{5}$ , &c., means second or third decimal.

All vegetable medicines are understood to be in the third, and all mineral and also all animal poisons in the sixth, unless otherwise specified.

All medicines are used in the form of medicated globules, Nos. 2 and 3, unless otherwise noted.

Ars.<sup>3t</sup>, means the third trituration of Ars., and Nux<sup>3d</sup>, means the third dilution of Nux.

Nux 4, every four hours in solution, means Nux<sup>3</sup>, 4 globules, dissolved in a teaspoonful of water, every four hours.

Nux 6, every two hours, means Nux<sup>3</sup>, 6 globules, every two hours; and Ars. 6, every four hours, means Ars.<sup>6</sup>, 6 globules, every four hours.

Nux every hour means Nux<sup>3</sup>, 6 to 10 globules, in three ounces of water, a teaspoonful every hour.

Ars. every two hours means Ars.<sup>6</sup>, 6 to 10 globules, in three ounces of water, a teaspoonful every two hours.

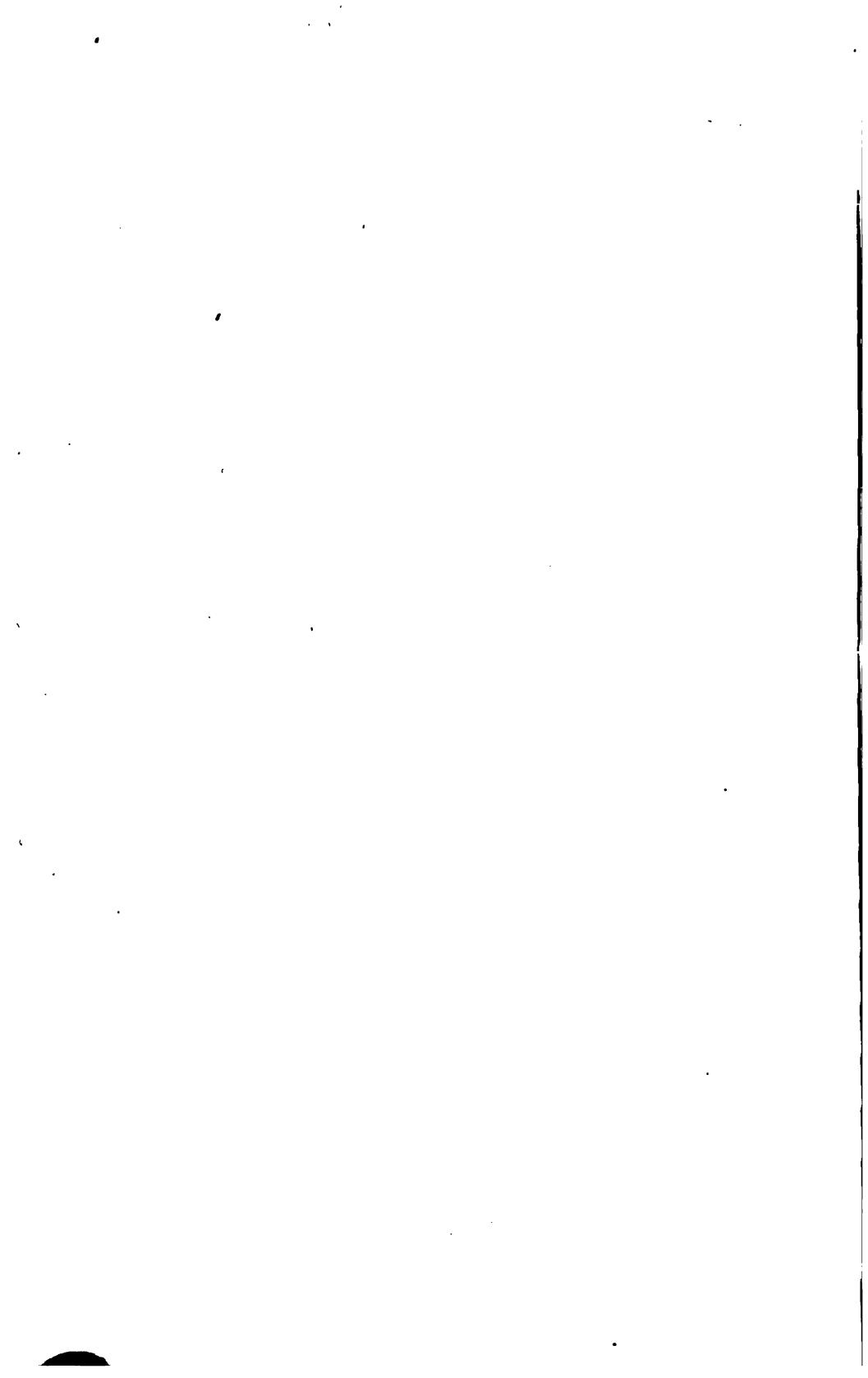
Nux and Ars. every two hours, means Nux<sup>3</sup> and Ars.<sup>6</sup>, prepared as above, are alternated every two hours.

Nux 6 glob. and Ars., every two hours, means that 6 globules of Nux<sup>3</sup> are alternated with a teaspoonful of a solution of Ars.<sup>6</sup>, as above, every two hours. And,

Nux and Ars. 6 glob. means that the first is given in solution, the last in globules.

These examples are probably sufficient to explain the various formulæ.

One other form it may not be amiss to notice, though I am not prepared to say that it has any advantage over any other, but it is sometimes convenient. The formula is Ars.<sup>3t</sup>, 500, 10 drops every two hours, which means Ars. the third trituration, three grains in two or three ounces of water, and shake 500 times. Give ten drops every two hours.



## CASES.

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CASE 1.—Jan. 24, 1849. Mrs. M. N. L., 30. (2.) Ague. Pain all over, darting, jerking; chilliness, with great external heat, with morning remissions; sweat on the face; is subject to attacks of spinal irritation, dysmenorrhœa, and profuse menstruation; neuralgia; irritable; sick three days; is asthmatic. Puls.<sup>6</sup>, 4 glob.

Jan. 25, 10 A.M. Says she is well. Has always before, when taken so, been sick a long while.

The notes to this case are meagre, but there were no more symptoms. Has been subject to such attacks for years, and also to attacks of asthma, which is spasmodic, and relieved by expectoration of mucus, sometimes bloody.

Has been treated for years for spinal disease with mustard and other plasters, blisters, issues, setons, &c. There is here disorder of the cells of the involuntary muscles. Those of the bloodvessels alone seem undisturbed. There is, in short, a rheumatic diathesis, and the posterior spinal column is the seat of malarious disorder. There is no thirst; no disorder of the glandular system. The heat is from reflex spinal disorder. Even the dysmenorrhœa, to which she is subject, depends, no doubt, upon the same muscular irritation, though not now present. The most singular feature of this case is the great heat, without a correspondent disturbance of the circulation. But for this Bell. might be selected. Caulophyllum has more claims; but it affects the voluntary muscles and joints, rather than the involuntary and serous membranes, and the same may be said of Colchicum. Cham. might be thought of, but its spinal symptoms are only reflex, while here they seem to be centric. Ignat. would answer some purpose, but Puls. covers all the symptoms, and is emphatically the posterior spinal irritant.

CASE 2.—Jan. 27. David B., 8. (5.) Ague. Pain in the left side of the head and left eye, and swelling of the left side of the face, with redness. Face flushed, skin hot, remission of the heat every forenoon; bowels regular, pulse frequent, sensation

of coldness in the spine, restless, nervous. Ars. every hour till he sweats; after which, every three hours.

Jan. 28, 8.30 A.M. Better; good appetite; has not eaten for several days before. Slight pain in the left temple; right eyelid contracted. Cont. every 4 hours.

Jan. 30, 10 A.M. Had a slight chill yesterday morning; very slight. Nux.<sup>6</sup>, 4 glob. to-night and 4 in the morning.

In this case it is not stated how long the patient had been sick, but we infer several days, from the fact that he had not eaten anything.

The disorder is in the base of the brain and cervical ganglia; hence the heat that requires a sympathetic irritant. The pain is caused by centric irritation, and as the swelling indicates disorder of the connective tissue, the medicine should be homeopathic to disorder of that tissue. The glands are not implicated, and so we need not think of Bell. or Merc. There is no disturbance of the muscular system, and so we may count out Bry., Nux, Rhus, and Puls. And there is no thirst, and so no need of Acon. or Arnica; and no nausea for Ipec. There is no chill, and seemingly no need of a direct spinal irritant. It is always safer, however, to alternate one with a sympathetic, even if there is no chill. Ars. is a neurine cell and connective tissue irritant, and is both pathologically and pathogenetically homeopathic, as it meets the pain and swelling, and other symptoms specifically, and if Nux had been alternated there would have been no chill three days after. The last prescription is correct.

CASE 3.—Jan. 27, 7 A.M. Mrs. Patrick C., 32. (6.) General feeling of faintness, dyspnoea, yawning and stretching; soreness and pain in the joints and limbs, and indeed all over; pain in the back and back of the head, back of the neck and forehead. Dry cough; throat and nostrils stuffed up; pain between the shoulders; vomiting of green and some almost black matter; sensation of chilliness on the least exposure; hot flashes; eyes moist, as if she had taken cold; empty eructations; chronic enlargement of the spleen; rheumatic diathesis. Nux, 4 glob. every 4 hours, in sol.

5.30 P.M. Same. Cont.

9 P.M. Better than any day before at this hour. Some headache; sweats; has vomited once a dark, green-colored water, with some ingesta. Discontinue medicine till 6 A.M. to-morrow.

Jan. 28, 10 A.M. Head feels heavy; soreness in the epigastrium; weariness, and inclination to lie down; weakness of the legs; sour taste; skin moist; some appetite. Face yellow, with red spots on the cheeks; dull pain in the head; slight pain in the region of the spleen. Nux, 4 glob. at 12 M.

Jan. 28, 9 P.M. Better. Cont. every six hours.

Here we have disorder of the involuntary muscle cells, neurine cells of the spine, and base of the brain and sympathetic ganglia above the diaphragm, and perhaps of the epithelial cells of the air-passages, and isolated muscle fibres of the membranes of the spinal cord.

Now, although the individual symptoms may very likely be found in the proving of *Nux*, yet it is not pathological to the condition, and is certainly a very stupid prescription. *Nux* has no claim to green vomiting, or, for that matter, to any purely gastric symptom except vomiting, and that is indirectly through the ganglia of the great sympathetic, acting on the muscular system as a motor irritant rather than on the glandular or mucous tissue as a sensory irritant. So the vomiting of *Nux* may be without nausea. The mucous and glandular systems of the stomach must be disordered in this case to cause the "green and black vomit." There is really no demand here for a spinal irritant, and least of all one so exclusive as *Nux*. *Ipec.* might meet the peculiar vomiting very well, and that is all. It would not even touch the dyspnoea in this case, as it does not depend upon irritation of the phrenic nor pneumogastric nerve. Besides, it does not touch the spleen, which is a source of constant local irritation, and must be cured before she is well.

We must, in this case, have a sympathetic irritant that will act specifically upon the spleen. *Nux* would do something there, but much less than *Merc.* or *China*. But *Merc.* is out of the question, as she has been salivated, and there is no chill for *China*, only an excessive sensitiveness of the skin to cold. *Puls.* meets all the spinal symptoms, and *Ars.* all the other, besides being homœopathic to the disease of the spleen. *Phos.* might help much here, being homœopathic to disorder of the spleen, but it is not well ascertained what are the exact indications for it. The dry cough is certainly not a good one, as it may, and I believe generally does depend on a purely mechanical irritation of the lungs. *Puls.* and *Ars.* or *Ars. Jod.* would have cured this case. They should have been given in alternation till the chilly symptoms, and gastric, and the heat disappeared, and then *Ars.* should have been given and persevered in. But *Nux* was given, and stupidly persevered in, and though she was about the house awhile, in two weeks she was sick again.

CASE 4.—Jan. 27, 6.30 P.M. *Orra I. B.*, 18. (7.) Rem. fever. Severe pain in the stomach; vomiting of ingesta, sour and dark-colored; excessive thirst; cold externally for three days. *Ars.*, 4 glob. in sol. every three hours till she sweats.

Jan. 28, 9 A.M. Is well, except a slight cough and some pain in the region of the spleen, which she has had some time. *Ars.*, 4 glob., and repeat at 4 P.M.

Jan. 30. Well.

The malaria here is acting on the cerebro-sympathetic system. There is no

chilliness, but a real coldness of the skin, which is dry. The mucous membrane of the stomach is disordered through reflex irritation. If the skin was moist we might use Veratr., or Ipec., or even Puls., but it is dry. And Em. tart. has not "excessive thirst," so that is out. Ars. is the only remedy that covers the whole ground, and was very properly given. I should prefer Ars.<sup>20</sup>

It may be asked why was the coldness of the skin not attended with a chill or sensation of coldness? Probably it was due to diminished or lessened nuclear action, and, as a consequence, diminished sensibility of neurine cells. In cholera this is specially exemplified, for when the temperature is so low that the skin feels like ice the patient complains mostly of heat.

CASE 5.—Feb. 12, 9 A.M. Mrs. Patrick C., 32. (14.) Ague. Was sick two weeks ago, but has been about the house since and has done her work. 1. Complains of pain in the forehead and vertex. 2. Disposition to shut the eyes. 3. Sleepy. 4. Nausea on rising and when sitting up. 5. Dull heavy pain all over. 6. Dizziness. 7. Aversion to cold. 8. Chilly on the least exposure to cold air, and alternating with heat. 9. Mouth dry and lips parched. 10. Fetid breath. 11. Rotten stinking taste as of blood. 12. Thirsty. 13. Skin moist, but only where covered. 14. Heavy dull aching through the abdomen. 15. Restlessness and anxiety. 16. Soreness in the region of the spleen with pain. 17. Sharp pain in the small of the back spreading out in all directions. 18. Stools frequent, green, fetid, yellow, biliary; Puls. every hour; 2 P.M. much better, 19, but diarrhoea continues; Sulph. 4 gl.; at 6 P.M. resume Puls.; 8 P.M. 20. Better except the diarrhoea. Cont., and also Sulph., 4 glob. every twelve hours.

Feb. 13, 9 A.M. Better. 21. No heat. 22. Skin moist, with a viscid, sticky sweat, and 23. Sensation of heat. Phos. 6 glob.

6 P.M. 24. Dull pain in the head. 25. Slight but sore pain in the bowels. 26. Saltish taste. 27. Only one stool to-day, and that yellow and not as watery. 28. Pulse much less frequent. 29. No appetite. 30. Water brash with nausea. No medicine.

9 P.M. Better. 31. Skin cool. 32. Pulse more frequent. 33. Soreness of the abdomen. 34. Some appetite. 35. Sensation of emptiness. 36. A sinking feeling in the rectum. Puls. every four hours.

Feb. 14, 9 A.M. Seems better. 37. Soreness in the abdomen, 38, and pit of the stomach. 39. Vomiting of a green fluid

once. 40. Pulse frequent. 41. Feet and arms cool. 42. Skin nearly natural. 43. Three stools in twelve hours. Cont.

6 P.M. 44. Has passed no urine to-day. Took some Galium Aparine (cleavers) in infusion, and was almost immediately relieved.

Feb. 15. Convalescent.

This is essentially a new case, though she has not been entirely well since she was sick two weeks ago (Case 8). The same tissues are disordered, but less acutely. Dulness best expresses the present condition. She has worked beyond her strength, and the nuclear cell action is lessened while the functional is correspondingly lowered, s. 2, 3, 4, 5, and, as a consequence, there is much waste of dead matter instead of the products of final functional metamorphosis, s. 9, 10, 11, 18. The glandular system is disordered in the intestinal mucous membrane, s. 18, and probably in the muscular system, s. 14. The muscle cells in the neurilemma of the spinal nerves, and in the meninges of the spinal cord, are disordered, s. 17. The spleen seems to manifest less disturbance, but the bile cells are much disordered, probably from vitiation of the blood they receive from abdomen, s. 18. The circulation in the cervical ganglia is much disturbed, and there is much disorder in the posterior spinal column, s. 7, 8. Very many of the symptoms are no doubt in part due to the old mercurial cachexia, s. 5, 7, 8, 9, 10, 11, 18, 14, 15, 16.

• A spinal irritant is needed here, and Puls. is the one, but it should be alternated with Nit. ac.<sup>3</sup> The glandular system is too much disordered to trust the case to Puls. alone. The Sulph. was well enough, but not called for if Nit. ac. had been given. The Phos. on the 18th did no good, unless it might have touched the spleen. Had Puls. and Nit. ac. been given at first, and been followed by Puls. and Ars.<sup>20</sup> s. 23, 25, 33, 35, 36 would hardly have appeared.

CASE 6.—Feb. 15. Mrs. Lucetta B., 38. (15.) Ague. 1. General feeling of weakness. 2. Lassitude. 3. Dry lips. 4. Very excitable. 5. Hoarseness. 6. Dyspnœa. 7. Skin moist. 8. Pulse unfrequent. 9. Slow. 10. Irregular heat. 11. Heat, chills and sweat mixed up, and alternating. 12. Bowels irregular, generally relaxed. 13. Diarrœa now. 14. Feet burn. 15. Tongue coated. 16. Faintishness. 17. Dull feeling in the head. 18. Pain between the shoulders, 19, and under the sternum, 20, and in the right hypochondrium. 21. Burning in the pit of the stomach after eating. 22. Sour eructations. 23. Canine appetite. 24. Food distresses her. 25. All symptoms aggravated after eating, 26, and after lying down. 27. Bad dreams. 28. Darting pains in the right hypochondrium, 29, and knee. Puls. 4 glob. morning and evening.

Feb. 23. Better. Puls. 4 glob. every evening.

Feb. 25. As well as usual.

This case might readily pass for subacute gastritis in a non-malarious district. But here such cases, if left to themselves, generally end in regular paroxysms of ague. The whole make-up savors of dyspepsia, and yet it is clearly a malarious disease; and though Puls. seems to have cured it, still there were too many tissues disordered to trust to that alone. It took quite too long. There is a general lessening of nuclear action, s. 1, 2, 7, 8, 9, 16, 17. Disorder of the cells of the involuntary muscles, s. 18, 19, 20, 25, 26, 27, 29. The pains are doubtless muscular, even those in the right hypochondrium and stomach, and probably are due mostly to disorder of the muscle cells of the fibrous tissue, and no medicine is equal to Puls. here, but the glandular system is disordered through the whole alimentary tract, s. 12, 18, 15, 21, 22, 28, 24, and also in the respiratory passages, s. 5, 6; and the sympathetic system is disordered, s. 10, 11, 14.

Now these last symptoms are more directly met by Ars., and Ars. and Puls. should have been alternated. It might be asked, why not give Ars. alone? Obviously because it does not act directly upon the muscular tissue, that is, specifically like Puls. Ars. has a frequent and quick pulse through centric action of the drug on the nerve-centres, which may finally cause a slow pulse and unfrequent, by lessening the nuclear action of the neurine cells or causing structural changes in the muscle cell through the connective tissue, as in fatty degeneration. Puls. and Ars. are the remedies here.

CASE 7.—Oct. 19, 1850, 6 P.M. Mrs. M., 35, of Oregon, California. (24.) Ague. Pain in the head; swelling at the angle of the jaw, right side; throat sore on the right side; last upper molar tooth sore, and pains her; bitter taste; no appetite; gums swollen; chills and heat at 3 A.M., the last three days, alternating; heat all to-day; feet cold; face red; tongue coated. Years ago was salivated. Bell. every two hours.

Oct. 20, 3 P.M. No chill this morning, but a few minutes ago felt chills. Acon. every hour.

10 P.M. No heat. Cont. Bell.

Oct. 21, 9 P.M. No more chill, but slight heat. Nux every two hours.

Oct. 25. As well as usual; no more chills.

This woman was born and raised in Indiana. Has had ague a great deal. Had it in Oregon, and since she has been in California. Taken a great deal of Quinine, and it always comes back in a couple of weeks. Seems to have taken cold now, and the throat symptoms are merely accidental, and the headache is caused by it. It is a mercurial periostitis, with follicular inflammation of the fauces; and there is disorder of the cervical ganglia, possibly in part due to the

local disorder, but the regularly recurring paroxysm, at 8 A.M., determines beyond a question its malarious character; besides, she has had similar paroxysms before, at the same hour.

The local disorder and nightly paroxysm indicate Merc., but that is ruled out by the mercurial cachexia. There is too much heat for Nitric ac., and China is not to be thought of after taking so much Quinine.

Bell. meets all our indications, the cachexies, the local disease; and is a cerebro-spinal irritant, and acts specially on the cervical ganglia, on disorder of which the persistent heat depends.

In the fall of 1851 I heard from this woman, and the chills had never returned.

**CASE 8.**—Oct. 21, 9 A.M. Wm. C., 50. California. (26.) Malariaops fever. Pain in the forehead; flat taste; canine hunger; mouth dry; tongue contracted; sore on the top and at the point, and dry; throat dry, and feels as if raw; soreness to pressure under the short ribs on the left side; yellow, painless, watery diarrhœa; worst in the forenoon; cough, with expectoration of mucus, aggravated by inspiration; skin dry; heat every afternoon and evening, but no chill. Phos. every two hours till the heat returns to-morrow afternoon; then Acon. every two hours till the morning of the 23d, and then resume the Phos. every three hours.

Oct. 23, 7 P.M. No heat to-day; tongue larger, less pointed, and moist; skin moist; pain in the left shoulder; skin a little too warm now, and for the last fifteen minutes, dry, with slight cough. Rhus, 3 glob. at 10 P.M.; then Phos., 4 glob. every four hours.

Oct. 24. Coughs after drinking; one stool this morning; dull, sore pain in the left shoulder, running down into the left side, behind and below the short ribs. Bry. every three hours.

Oct. 25. Better. Cont.

Oct. 26. Better. Cont. every six hours.

Oct. 27. Two loose, yellow, watery stools every day, painless; sweating of the scalp; shifting pain in the left shoulder; aggravations at night. China every six hours.

Oct. 29. Well, except a little pain in the left shoulder. No med.

Here we have disorder of the muscular and mucous tissues, and both the sympathetic and spinal systems. There is a rapid waste of fluids; hence the dry mouth, and flat taste, and contracted tongue. The skin sympathizes with the mucous membranes, and is dry.

The lung symptoms are prominent here, but why so shallow a prescription as

Phos. was made, is inconceivable. The pathogenesis points to Chin., Bell., Merc., and Bry.

There is not heat enough now for Bell. Canine hunger contraindicates Merc., especially as there is "flat taste" with it, and painless diarrhoea. The two almost incompatible symptoms of "canine hunger" and "flat taste" probably depend, in part, upon disorder of two nerves, one in a state of hypersæsthesia, the other in a state of anæsthesia. The aggravation during inspiration does not call for Bry. at all, as it does not depend on the motor system, but on the irritability of the mucous lining of the air-passages, the presence of the air aggravating the cough. The action of Bry. on the pulmonary mucous membrane is very indirect, being through the nervous system, and cough, with mucous expectoration and painless diarrhoea, with dry skin, were never caused by it. It causes dry cough indirectly, but not canine hunger, for that occurs mostly in disorder of the connective tissue of the lungs. There has been considerable loss of tissue and waste of fluids in this case, which may account in part for the hunger. Phos. and Cina have hunger in the heat, and Phos. was no doubt given for that symptom. But the hunger here is all the time.

China<sup>3</sup> or <sup>4</sup>, is pathogenetically and pathologically correct. It is a cerebro-spinal irritant, and besides seems to have some specific action on the liver and spleen. I would, however, give with it, Ars.<sup>30</sup>, 6 glob. after each stool. Phos. and Acon. were given. The last would do no harm, and might do a little good, but Bell. would have been better. Neither should have been given. On the 28th, Bry. and Rhus should have been given, and next day Bry. was given for lameness in the shoulder. Finally, on the 27th, China is given; and then it should have been alternated with Ars.<sup>30</sup>, 6 glob., two or three times a day. Probably, if he was now in a malarious district, the chill would have been developed.

CASE 9.—Oct. 23, 7 P.M. Asa R., 39. Cal. (28.) Typh. fever. Has had five or six stools a day for three weeks; very anxious about getting well; eyes a reddish-yellow; lips parched and scabby; nostrils dry; tongue red, dry, and contracted to a point; flat taste; no appetite; thirst; breath very fetid; skin dry and yellow; emaciated; pit of stomach sore to pressure; pain in both hypochondria; painless diarrhoea, except a little pain just before stool; papescent, frothy, yellowish-green stools; bile predominates; tenesmus; urine very red; a good deal of heat; pulse frequent; great chilliness in the evening, when taking off his clothes for bed; fauces dry; diarrhoea worst in the night; some delirium. Phos. ac. every hour.

Oct. 24, 8.30 A.M. Better. Cont. every two hours.

12 M. Cold sweat. Has had several bloody stools. Ars.<sup>30</sup> every hour.

This man was treated by an allopath first; then had a homœopath, then a steam doctor, and then took "roots and yarbs" on his own hook. Thinks the

homeopathic medicine did some good. Is very weak, but has managed to get up and be dressed every day. The nuclear action is almost at its minimum.

There has been and is a great waste of tissue. The liver and spleen, and the whole glandular system are disordered. The entire mucous tissue is diseased. Nothing has escaped. Phos. could do nothing. Only Ars.<sup>30</sup> or higher can avail here, and that promises nothing. The peculiar red, mixed, dirty, muddy, dull yellow, dry eyeballs insure a through ticket.

The cold sweat and bloody stools next day left no hope.

The Ars. was not given, but his old family physician was sent for and left Calomel, Dover's powder, and Sac. saturni. Took it at 4 P.M., became delirious at 6 P.M., and died suddenly at 8 P.M.

CASE 10.—Oct. 23, 8 A.M. Jacob A., 30. Cal. (29.) Typh. fever. A stool every twenty minutes; eyes red; face yellow, pale, cadaverous, ghastly; lips wrinkled; mouth and fauces dry; complains of a hollow roaring from the mouth to the ear; tongue dry with dark brown coating; can taste nothing; empty eructations; pain in the region of the heart, shooting up into the throat; pain in the hypogastrium; burning and pressing in the rectum and bladder during stool, and straining with sensation of chilliness; urine and stool at the same time; stool reddish, almost bloody and frothy; most pain after; constant urging to stool; skin hot and dry; extreme emaciation. Sulph. every half hour.

4 P.M. No heat; skin moist and warm. Cont. every hour.

7 P.M. Skin cold; slight hiccough, which ceased after smelling Camph.<sup>24</sup>. Camph.<sup>24</sup>, one drop every hour.

9.30 P.M. Stools are black, like tar, and very offensive. Carb. veg.<sup>30</sup>, Ars.<sup>30</sup> every hour.

Oct. 24, 1 P.M. There was no change till 12 M. to-day, when he died.

This man was brought to a private hospital in Sacramento City by a friend, who knew him when at home. Was delirious and could give no account of himself, and seems to have been sick a long time. Only a few days after he died the cholera appeared in the city. Ars.<sup>30</sup> should have been given at first, with Nit. ac.<sup>24</sup>. It would have availed nothing probably, though it would have looked better. It was the only chance. There was such a loss of nuclear action, that the epithelium of the rectum had slipped off, and there was so little functional power, that it could not be replaced. The burning, and tenesmus, and pain resulted from that cause; and so in part the frequent stools. After twelve hours Rhus should have been given.

CASE 11.—Nov. 3. Peter I., 28. Cal. (36.) Typh. fever.

Reported as having constant heat, with dry cough that hurt. Sent Acon. and Bry. every hour.

Nov. 7. Heat from 11 A.M. to 11 P.M. every day, most about the face, palms, and abdomen; occasional chilliness on the least exposure; sensation of shuddering up and down the spine; mouth feels very dry; white, long, loose coat, like cotton, on the tongue, with a red streak in the middle; papillae elongated and very red; face red in the evening; some appetite; thirsty, but can't drink; one nearly natural stool every evening; dry cough and sensation of tightness in the chest. All symptoms aggravated in the evening; appeared a little better this morning: Bry. every three hours.

Nov. 10, 6 P.M. Dr. I. T. T. saw him yesterday and advised Cham., but not having it, gave two doses of Nux. Is no better this evening; tongue is dry and pointed, and cough the same. Cham. every two hours.

Nov. 12. No better; has taken Cham. every three hours; has bitter taste; dry cough and loose yellowish stools; tongue is red and breath fetid. Cont. He seems to have improved, but a few days after, died of cholera.

The first prescription in this case seems to have been for a common cold. But it proves to be one of those insidious cases that come stealthily creeping along, all the more dangerous as they give little or no warning. The heat is generally not very great, but is unequal, being much greater in one part than in another, and the different parts of the organism are invaded rather than attacked. The disorder spreads from part to part almost or quite imperceptibly. It is not always easy to select the proper remedy, where the symptoms are so obscure as they frequently are in typhoid fevers, but in this case they point unmistakably to Puls., and it is strange that it should be overlooked. The first mistake was a very natural one, for heat, and dry cough that hurts, should be cured by Acon. and Bry. But one should never prescribe for a fragment of a case. Here four days are lost, and even then with all the symptom's, the blunder is not corrected. Bry. is persisted in; had it been alternated with Rhus it might be excused, for the subsequent diarrhoea would then have been anticipated, and possibly prevented. Not content with so many mistakes, two days after Nux is given, followed next by Cham., neither of which could be of the least possible use, since there are no reflex sympathetic symptoms for the last, or direct spinal for the first. Puls. every two hours, till the cough and chilliness were removed, and Puls.<sup>20</sup> and Ars.<sup>20</sup> every two to four hours after, would have cured this case.

Possibly he would have recovered after all, as the right medicine might have been stumbled upon, but he went into another part of the city, and fell under the treatment of an allopath, and on the 20th was reported in the city papers as "died of cholera."

CASE 12.—May 6, 1851, 10 A.M. Alonzo T. P., 39. (52.) Ague. At sunrise every morning has a chilly feeling in the back of the neck, and a slight pain that passes forward over the right eye, and also behind it. Occasional retching; pain streaks down both sides of the spine to the small of the back; good appetite, and bowels regular; inclined to sleep; moving in the open air relieves, rest aggravates; increased desire for tobacco. Nux<sup>12</sup>, 6 glob. every morning.

May 11, 9 A.M. Had three paroxysms; none yesterday nor to-day.

The symptoms in this case are all spinal, and only a spinal irritant is required. Even the retching is reflex. This man lived in Michigan ten years, and was never free from the ague long at a time. Is subject to sick headache.

CASE 13.—August 28. Mary Ann A., 2. (82.) Ague. Chill about daylight every morning; heat after till 8 or 9 A.M.; sweats a little all day after; thirst through the whole paroxysm; no appetite; headache; face yellow, so several weeks; has had it before. Taken but little medicine, and no Quinine. China<sup>6</sup>, Bell.<sup>6</sup>, every four hours.

The paroxysms in the case seem to be perpetuated by the local irritation of the disordered liver rather than malaria, and the chill is from reflex irritation, as well as the heat. China covers the whole case as a spinal irritant, and having a specific action upon the liver, Bell. is not absolutely necessary, but is added to anticipate any disorder of the brain, so common in agues of children. These symptoms in an adult would call for Nux and Merc. I think this child had two or three paroxysms more; none after the fourth day.

CASE 14.—September 26, 2 P.M. William A., 30. (96.) Ague. Pain at the pit of the stomach, which keeps settling down towards the right iliac region. In an hour after it commences can't sit up straight; in four hours is so sick he can't get off the bed; the paroxysm has recurred three times in eight months, and each time lasted a week; ends with heat; has pain in the head during the paroxysm, and is numb all over; can hardly get his breath; hands, arms, and legs feel numb at the very start. It takes two hours for the pain to move down and through the abdomen. Has continued every time till he has taken some cathartic pills, and put on a flannel

wrung from a hot decoction of hops in vinegar. Nux<sup>12</sup>, three glob. every five days.

No one would be likely to ascribe this disease to malaria unless he had practiced medicine a long time in a malarious district, and yet he would find it difficult to give it a name on any other hypothesis. The symptoms are all spinal, and the steadily shifting pain; the pain in the head, the numbness, the recurrence of the paroxysms, and the selfsame symptoms each time, and the freedom from disease during the intervals, are unmistakable evidences of malaria; nor is its cure by hops and vinegar, and a dose of physic, anything against that view, since the disease has uniformly lasted a week, with a paroxysm of pain every day, the whole ending with heat lasting a day or two, no matter what was done. The seat of the malaria was in the spine, and a spinal irritant cured the disease promptly and permanently; at least, there was no return in ten years.

**CASE 15.—October 24, 1 P.M. Benjamin T., 46. (112.)**  
Ague. Taken in the night with nausea, followed by vomiting; numb all over at times; hands feel swollen and stiff; heat; mouth dry, thirst; skin now moist, but has been dry till now; pain in the back, and back of the neck, and headache; stool every hour, but painless; ate last night just before going to bed; yellow, watery stools; can't chew his tobacco; no more taste for that than for food; had chills, with hot flashes, all the forenoon.

Oct. 27. Well; had a paroxysm next day. Ars., 4 glob. every three hours.

This man lived in Michigan a number of years, and had a great deal of ague. The malaria is acting from both the sympathetic and spinal systems, but the chill is mainly reflex from the local irritation of the stomach from eating a late supper. The sympathetic symptoms are predominant, and Ars. cured; still, had Ignat. <sup>13</sup> been alternated with it every two hours, the chill would not have recurred next day. The numbness, the acute œdema of the hands, and pain in the spine, should not have been overlooked as Ignat. symptoms.

**CASE 16.—October 25, 4 P.M. Mrs. John C., 34. (113.)**  
Ague. Irish. Been sick three or four months. Pain in the small of the back, worse in the morning; headache in the temple over the right eye, and sometimes over the left, sharp; dizzy; don't want to stir; when the pain is on can't walk, hurts so, sticks in so close to the life; appetite poor, no desire for food; nausea after eating, and disposition to vomit; food distresses her; costive; hard stool every three or four days;

piles, very painful; distress between the shoulders; sensation as of a bell ringing in the head; night fever; wants to drink the first thing in the morning; cold feet; chills; years ago had ague and bilious fever; now the chill comes, then the heat, then the sweat, which disappears after a few minutes; tongue pale, and coated white; papillæ around the edges very red; bad teeth; red face. Puls., 4 glob. every night.

Malaria is at the bottom of all this trouble, and the pale tongue and nausea after eating point to disordered spleen. It is not easy to see why Puls. is given, unless for night fever, for which Merc. is much more appropriate in this case. A few days after is some better, but concluded to employ her old doctor, an allopath. He treated her at intervals for more than two years, and she then died of dropsey, with enlarged spleen. Nux and Ars. are the homœopathic medicines in this case, and would have cured. After a few days Ars.<sup>20</sup> should have been given in alternation with Nux. A bad feature in this case was whiskey; she sometimes took a great deal when the pain "stuck close in to the life." But she ought to have been cured, and would have been, had Nux and Ars. been alternated every two hours at first.

CASE 17.—Nov. 15, 1 P.M. Mary D., 10 mo. (120.) Ague. Chills and heat, generally every day; sometimes only every other day. Heat almost all the time; uneasy; restless; cries; pulls at her ears. Is teething; gums swollen; constipation; has been so nearly a week. Nux<sup>6</sup>, 1 glob., morning and evening. Cham.<sup>6</sup> every six hours.

Nov. 21, 12 M. Well.

In this case there is heat almost all the time; but every day, or every other day there is chilliness, with a remission. Now there is no good reason why it should be called a remittent fever. It is essentially an ague with indistinct or undefined chilliness and protracted heat, which signifies predominant sympathetic irritation. Much of the disorder is reflex from the local irritation, and so Cham. is emphatically the remedy. Nux is of no more use than so much sugar or water. Had the Cham. been given in a higher attenuation, or more frequently at first, the cure had been expedited.

CASE 18.—Nov. 24, 7 P.M. Charley D., 2. (124.) Ague. For three days has had great heat and chills twice a day, with headache and harsh cough, which to-day has been distinctly croupy. The skin is dry. Pulse 120; nausea and vomiting. Acon.<sup>6</sup>, 1 glob., every two hours.

Nov. 25, 2 P.M. Some heat, but is better and playing about

the room. Hoarse, dry, croupy cough yet. Cham.<sup>6</sup>, every two hours.

Nov. 26, 4 P.M. Better, but heat comes on every afternoon yet. Cont.

Nov. 28, 4 P.M. No medicine yesterday. Heat comes on every afternoon and lasts till midnight; starts in his sleep; twitching; restlessness and thirst during the heat; no chill; little sweat; face flushed; picks his nose. Bell.<sup>6</sup>, every two hours.

Nov. 29, 7 P.M. Well.

In this case we have centric, malarious irritation of the base of the brain and upper portion of the spinal cord. The cough depends on disorder of the pneumo-gastric nerve, and is only a functional disorder of the muscles of the larynx and glottis. Acon., if given at all, should be in a watery solution of a lower attenuation, and every hour. But neither Acon. nor Cham. are homœopathic here. The heat indicates disorder of the cervical ganglia especially, and in Bell. we have a cerebro-spinal and cerebro-sympathetic irritant that acts specially on the cervical ganglia and the muscular system of the larynx, and it is also a cerebromotor and general excito-motor irritant, and so meets the twitching and starting, and even the vomiting. Some might think that the aggravation on the 28th was due to the Cham., but I see nothing but a pathological sequence to the previous condition. Bell. is finally given, as it should have been at first, and all these grave symptoms disappear in a few hours.

CASE 19.—Nov. 25, 9 P.M. Myron P., 8. (124.) Ague. Taken with a chill at noon to-day, after which purple spots came out all over him; severe chill, but not much heat after, and soon sweat; was and is very thirsty, and drinks often, though very little at a time; vomited; some cough; has taken cold; no appetite; headache; has complained the last two or three months that he was afraid of falling; felt all the time as if he should fall; occasionally screams and looks wild; staggers, and says he certainly shall fall; face pale. Bell.<sup>6</sup>, 3 glob., every three hours, 3 doses. Then Bell. and Ars., 1 glob., every three hours.

Nov. 26, 4.15 P.M. Better. Cont.

Nov. 27. Gets worse after each dose. Give the medicine in solution.

Dec. 3. Complains of the sensation of falling; no chill nor heat. Puls., 1 glob., every six hours.

Dec. 5. Well.

Here we have the malarious disorder in the cerebro-spinal system, and acting specially on the base of the brain at the anterior part of the cerebrum, hence the sensation of falling. The vomiting and cough are from irritation at the origin of the pneumogastric nerve. Ars. is no more indicated here than a hundred other medicines. There is too little heat for the chill and sweat, and the skin should be cold, and the purple spots black, or at least blue for Ars. The indications for Bell. are somewhat clearer, but the face would not be uniformly "pale, with the occasional screaming and wild looks," and the pupil of the eye would have been dilated; and, besides, there is too little heat, and the color of the skin much too dark, and quite too little disturbance of the circulation for Bell. We need a cerebro-spinal irritant, and in Puls. we have one that covers the whole case. The disorder is developed by exposure to cold and damp. The anterior portion of the cerebrum has long been predisposed to this functional derangement. The staggering for months past was owing to this, and the "falling forward" sensation is characteristic of Puls., which seems to act specifically on the anterior part of the cerebrum.

The purple spots, or dark red, belong to Puls. and not Bell., and there is really no good reason why Bell. should be given, though it is easily accounted for. The repertories give it credit for all kinds of brain symptoms, and it saves trouble to take it without examination. The aggravation on the 27th, if it was an aggravation, is the only evidence that it could do any good, and it seems quite certain that it did no good, for after five days we find the very brain symptom, "sensation of falling forward," for which Bell. was, no doubt, selected, present and unchanged, and yet Bell. is continued seven days longer, when Puls. is given, as it should have been at first, and two days after the patient is well.

CASE 20.—Dec. 6, 6 P.M. Miss M., 30. (181.) Ague. Pain in the stomach, and tenderness on pressure, with eructations and regurgitation of food; bitter and green; bitter, bad taste; dizziness; had a chill on Monday, and one on Tuesday or Wednesday; no heat or thirst; but sweat after the chill; occasionally bloats up like a swelling in the epigastrium; appetite variable; warm biscuit disagrees with her; ten or fifteen minutes after eating her breakfast, has a severe stinging pain, with throbbing and fluttering at the pit of the stomach, that goes away after vomiting; it occurs at no other time, no matter what she eats, or drinks, or does; costive. So two weeks, and is getting worse. Bry., 4 glob. twice a day.

The spinal and sympathetic systems are here both disordered, but the spinal is predominant. The disorder of the stomach was at first confined to the muscular tissue, but the mucous has finally become implicated, and the stomach symptoms now take the place of the heat. The chill, and especially the sweat after, point to malaria as a cause; but the most singular feature is the distinct paroxysm after breakfast. The severe stinging pain seems to indicate ulceration. It is only in seeming. Merely denuding the mucous membrane of epithelium not

only gives no "stinging pain," but there is not even any pain, since it is certain that large patches may slip off during digestion, and the person have no unpleasant sensation whatever on that account. And the "stinging pain" cannot be from structural lesion or ulceration, as the stinging of an ulcer would be more persistent and occur at any time of the day, when the same irritant was applied. Even the throbbing and fluttering indicate a nervous origin. And then it occurs at no other time than fifteen minutes after breakfast, and she escapes if she eats no breakfast, no matter what she may eat at dinner or supper. She may eat warm biscuit at any other time, and though it may feel unpleasant in the stomach, yet it does not cause the "stinging" and vomiting. It is an intermittent malarious disease, and the periodicity does not depend on the periodicity of the organism, but upon that of the miasm. The poison would doubtless have developed itself in some other form at some time in the morning, but the local irritation of the food in the stomach determined it there; and there it spent its virulence. It is easy to see why Bry. was given, since it spreads thinly over the surface, but it does not reach down to the pathology. The Bry. tongue is narrow or thin and red, with a yellow or more often brown coat, after three to fifteen days' sickness, and would have been noticed had it been here. The pulse is not noticeably disturbed; there is no heat, and there are no chest symptoms. We miss the short dry hack of Bry. also.

Indeed, there are but three medicines for this case, Cham., Nux, Phos., and they are easily disposed of; for Cham. acts generally on the cells, much like Phos., but more especially on the secretory and excretory, or vegetative system. Elsewhere, its action is reflex or not very specific. It causes general irritation by its direct action, as Ars. does indirectly by lessening nuclear action. Hence the restlessness and sweat, especially partial sweat, and heat, which is not persistent and is partial. Phos. has much the same symptoms, only it specially affects the neurine cells of the brain, but not specifically, and also the respiratory apparatus. Cham. disturbs cell action generally, and function specially. Phos. furnishes and arranges materials, and when it acts as an irritant, simply disarranges cell contents. Nux is a specific disturbing force, and impresses its action on the spinal cord, and through that on the organism indirectly. The action of Phos. is continuous, that of Nux intermittent. Nux is the medicine in this case. In almost any attenuation it would have cured in a few days. The patient left for a town eight miles distant the day after she had the medicine, and though somewhat better a week after, was not by any means well.

**CASE 21.—March 29, 1852, 4 P.M. Harriet V., 3½. (200.)**  
Ague. Heat yesterday afternoon; pain in the head; cold this morning, and heat this afternoon, with headache and great drowsiness; could not wake her; skin moist now, though very warm yet. Well next day. Opium<sup>6</sup>, 2 glob.; Acon.<sup>6</sup>, every hour.

The malarious action in this case is developed from the brain and upper sympathetic system. Opium is certainly homœopathic to brain disorder, with stupor and warm or hot moist skin, and is a cerebral irritant.

Acon. is not needed at all, or rather is contraindicated. If any medicine is to be given with opium it should be Bell.

CASE 22.—April 12, 9 A.M. George B., 18 mo. (208.)  
Ague. Three or four weeks ago took cold; has slight chills and heat all night and this morning; skin hot and dry; pulse frequent; fretful; cutting teeth, several almost through; coughs in the morning, so ever since he took cold; costive. Acon.<sup>6</sup>, Ars., 1 glob. every four to six hours.

April 15. Well, except the gums.

This case might be readily mistaken for bronchitis, but it is a question if the boy took cold. There are probably only two sources of irritation, malarious disorder of the sympathetic system causing the heat and perhaps contributing to the cough, and the reflex irritation of the teeth. Even the chills developed in the last twenty-four hours are no doubt reflex. Acon. seems to have acted admirably in this case, though some credit might be given to Ars. as a sympathetic irritant. The excessive "heat, and dry skin," and "frequent pulse," led to the selection of Acon., which would not have cured without Ars.

Cham. and Merc. would have done very well here.

CASE 23.—April 17, 6 P.M. Mrs. Albert H., 35. (212.)  
Ague. Took cold a week ago; has been having chills all day, and a hard one an hour ago; no appetite for several weeks past; ate some raw cabbage to-day, which distressed her; last night was feverish and faint; mouth dry and parched; pain in the head all day; face pale, with great faintness till after the chill came on; face flushed now and eyes red; hands and feet cold, and head hot all day; can't sit near enough to the stove to warm her feet, on account of the heat in the head; was confused yesterday, and quite unable to read; great heat inside; pulse 90; throbbing pain from the nose to the top of the head; some cough with expectoration of yellow mucus; can't bear any talking about her; sharp pains behind the sternum above the stomach, only since eating the cabbage; head and face feel burning hot; thirst, but can't drink cold water for the chills. Puls.<sup>6</sup>, 4 glob., Acon.<sup>6</sup>, every hour when awake.

April 18, 6 P.M. Chills and sweat by turns through the night; some appetite; ate some toast this morning; no headache; began to cough after the last chill in the night; cough loose; had a crying spell this morning because the menses had returned.  
Cont.

April 20. Well.

There are in this case three sets of symptoms: 1st. From malarious irritation

of the sympathetic and cerebro-spinal systems; 2d. Bronchial irritation from taking cold; and 3d. The gastric irritation from eating the cabbage. But for taking cold there would be no cough or other lung symptoms, and there would have been less heat and less disturbance of the vaso-motor system, and the chills would have been less irregular, and would hardly have been aggravated by drinking cold water. The malaria seems to pervade the great sympathetic system, and has measurably arrested secretion and excretion by lowering nuclear and cell action, i. e., life and function. Witness the "fainting," and "dry mouth and skin," and great thirst. Puls. answers well to all these conditions, and specifically to the symptoms, and would have cured, but Acon., through the vaso-motor system, might reach the accelerated pulse, and hasten the cure.

CASE 24.—April 28, 9 P.M. Miss Celia K., 26. (220.) Typh. intermittent. Headache three days; skin hot and moist; tongue dry in the middle, moist and coated white elsewhere; bones ache; throat sore; day before yesterday had a chill in the forenoon and heat in the afternoon; no appetite; chills all day yesterday when uncovered, and too warm when covered; pain runs from the head into the side of the neck, and hurts to turn the head; neck sore to pressure; no stool in three days; throat so sore that she can't swallow; empty deglutition hurts worst of all; fauces and tonsils very red and somewhat swollen. Applied Arnica to the neck last night, and took a teaspoonful of "flowers of sulphur;" is troubled with piles; sometimes heavy aching pain, and great exhaustion at stool; pulse 91; sore pain all over and through the head, aggravated by turning or raising it up, with throbbing; subject to headache, especially when getting ready to go anywhere, as to church or shopping; sick headache with nausea and sour stomach; feet get cold easily; mental emotions greatly aggravate; back and hips ache when she tries to sit up; thinks she is dyspeptic; has to be very careful about her diet; can't drink coffee; makes her stomach sour and prevents digestion; can't eat rich food. Nux.<sup>6</sup>, every two hours.

April 29, 8 P.M. Almost well.

April 30. Well.

This woman's brother has been sick of typhoid pneumonia since the 13th inst., and she has been nursing him almost all the time, and lost her sleep, and worked beyond her strength, and besides breathed an impure and specifically poisonous atmosphere. All the previous constitutional symptoms in this case point to Nux. The present symptoms are essentially spinal, as the chilliness,

the distinct chill in the forenoon, the rheumatic pain of the neck, and sore pain through the head and back and hips, proves, and probably the sore throat is rheumatic or reflex spinal, or both. The tongue and sweat especially indicate Nux, and Nux is given, and cured. It would be safer in such cases to give a sympathetic irritant, and Ars. should be given here on account of the great exhaustion after stool. But probably that was muscular.

CASE 25.—June 15. Alice Smith, 5. (248.) A week ago, when at school, complained of feeling cold, and was sent home; heat all night, and chills and heat every day for three or four days, when she was taken with a croupy cough; was very hoarse, and had some frothy expectoration; inclination to spit all the time; hot as fire all night, and yet sweat a great deal; tongue dry, with a thick yellow coat; complains of being tired; stomach sore to pressure; no appetite, but thinks she is hungry; can't eat when she has the food she asks for; is losing flesh fast; dry hacking cough, sometimes hoarse and deep; respiration very frequent, and wheezy and thick; talks in her sleep; very weak in the morning; coughs worst towards night; sweats about the forehead and eyes; feels cold when the skin is hot. Nux every three hours.

June 18. Nearly well; so reported. Cont.

This case might readily be mistaken for bronchitis. There are apparently two distinct sets of symptoms, but there is really but one. The malarious disorder was primarily located in the spine and cervical ganglia. The patient had chills all day, and heat all night for three or four days. She is then taken suddenly, without apparent cause, with a croupy cough; is very hoarse with slight frothy expectoration. The centric disorder has been extended to the base of the brain, and to the pneumogastric nerve, and thus the glands of the mouth, throat, bronchial linings, and skin become functionally implicated. Hence the sweat with hot skin all night, and desire to eat with inability to do it, from hyperesthesia of some of the sensory nerves. Reflex action is soon established, and on the fourth day we have chills with hot skin, partial irregular sweat, intermittent cough, changing to dry hacking, then hoarse and deep, and thick wheezing respiration, and very frequent, all pointing to a common centric origin. Such a condition of tidal action, centric and reflex, would soon end in bronchitis. The heat is increased and protracted by the disorder of the respiratory apparatus, and if the cough were cured, or rather removed, it would return in a day or two, but when the centric disorder is cured the cough ceases, and it did. Nux was given, and three days after she was reported nearly well.

CASE 26.—June 26. Allan W., 36. (250.) Ague. Sick in bed three weeks. First felt stupid; pressed; sore all over with

great soreness across the epigastrium, which still remains; hurts there to breathe; great pain in the hypogastrium; says that Dr. T. has stuffed him with blue pill, of which he has taken fourteen, and rhubarb to match. On Wednesday the doctor, said that he was better, but he must take four more pills and rhubarb to match, and two big doses of Quinine—a shovelful of each. They didn't operate. Came again, and ordered some bitters.

Has a chill every night at 12 o'clock, which lasts four hours. Is very cold and sweats; feet, hands, and ankles very cold; nostrils very pale; hawked up some blood to-day; tongue coated yellow and gums swollen and red, as is also the entire buccal cavity; was very stupid; feels very tired and can't sit up now; has just tried; hoarse, but no cough; bones ache; feels full, and a very great pressure across the stomach, and in both hypochondria; soreness at the pit of the stomach to pressure; inclination to draw a long breath every little while, and yet it hurts, so that every time he does it, he thinks shall be the last; pain across the abdomen just above the umbilicus, and stinging below; mouth dry; sticky, nasty, slimy taste; has been costive; passed some hard dry balls to-day after great effort; feels hot and numb after the chill goes off; had no pain in the bowels till he took some physic; hands cold; face red and hot, and he says that it burns; thirst just before and during the chill, but wants to drink only once or twice; pain in the back; during the chill seems as if he could not breathe; urine deep yellow; had gonorrhœa at first, which Dr. T. cured (?) with Nit. arg., topically; had chills in the daytime before he took the blue pills. Nux and Nit. ac. every two hours.

This man has had malarious fever repeatedly, and taken Quinine, Cholagogue, and other ague medicines. Some time ago got a gonorrhœa, and was treated with injections of Nitrate of Silver, and the discharge ceased. Doctor said he was cured; but he soon got sick; was stupid, with a pressing feeling and soreness all over, but most across the epigastrium, where it hurts to breathe; had great pain in the hypogastrium; had taken fourteen blue pills, and quantities of rhubarb to physic it off, when four days ago the doctor ordered four more blue pills with Rhubarb and two doses of Quinine, 20 to 30 grains each. They did not act and he ordered bitters,—Gentian, Colombo, Quassia and Orange Peel in whisky. Been taking that since.

Here we have an ague first from malarious irritation of the upper portion of the sympathetic, the spine, and base of the brain. He then took a gonorrhœa,

when he had unequal chills and heat. Gonorrhœa is a disease of the glandular system, essentially, acting primarily on the mucous membrane of the urethra. The injection arrested the specific morbid action, and then there is aggravation at the seat of the malarious disorder. Hence the stupor and sensation of pressure in the head. The disorder of the mucous membrane has extended to the bladder, or the injection entered it, and there is pain in the hypogastrium. A similar irritation is set up in the stomach by the spinal disorder, as modified by the gonorrhœal. Blue pill, another gland irritant, is now introduced, and directly the glandular disorder is aggravated and extended to the lymphatics, and to the mucous membrane of the alimentary canal, and to the liver, while the motor apparatus of the parts is disordered by the centric irritation of the spine; and the chill is transferred from day to midnight, and we have essentially a mercurial intermittent where the Quinine plays little or no part. One-third of all the symptoms are perfectly characteristic of Merc., and every one may be found in its pathogenesis. Almost the only evidence of malarious disorder is the muscular soreness, the thirst, and backache. Nit. ac. is the remedy. Nux was well enough; at least it might prevent a chill, and also increase the muscular power of the rectum, and so help to expel the hard faeces. But as the disease is now mostly glandular from direct irritation, it can only act indirectly through the spinal cord. It is doubtful after all if Nux is homœopathic to any form of paralysis. We shall be likely to hear from this case again. Such cases generally end in hypertrophy of the testicle and inguinal glands, or in orchitis. Nit. ac. should be given in the 2d, 8d, 6th, 12th, and 30th attenuations in alternation. See Case 265.

CASE 27.—July 9, 2 P.M. George B., 8 mo. (264.) Ague. Taken suddenly at 1 P.M. yesterday with cold feet; was stupid and drowsy, and seemed to have the headache; face flushed, and eyes red and constantly rolling. Twitching of the hands and of the muscles generally. An allopath was called (I being absent), and he prescribed three doses of Calomel, of 2 or 3 grains each, with Dover's powder, q. s.

A few hours after, I was called and found the patient tolerably quiet and laughing; had taken only one dose; muscles still twitched occasionally; hands and head in almost constant motion; eyes dull and expressionless; advised not to give any more of the medicine, but wait and see what will happen; was sent for to-day, and found him in great pain, with frequent green stools and much thirst; groans at every breath; skin hot and dry. Ipec.<sup>6</sup>, Hep. s., 2 glob. every hour.

July 10, 10 A.M. Got easy after the second dose, and did not take any more; at 8 A.M. to-day was taken suddenly with green stools, and was in great pain and constantly groaning; head hot; abdomen full and tender to pressure; looks as if swollen;

inclined to be stupid; an hour ago had some Paregoric, and been getting worse faster ever since; has had cold wet compresses to the head and warm to the breast; gums much swollen; cut them. Apply cold to the head and abdomen, and continue prescriptions of yesterday.

9 P.M. Better; no stool, and sleeps well; breathes easily.  
Cont.

July 11th, 10 A.M. Rested well and nurses well. Cham.<sup>8</sup> 1 glob., 1 dose, and Cont.

July 13th. Well.

Here we have the effect of malaria acting on the base of the brain and medulla oblongata. The attack is sudden; cold feet, stupor, headache, flushed face, red rolling eyes, twitching of the hands, and spasms of all the muscles of voluntary motion. Took 2 or 3 grains of Calomel and 4 or 5 of Dover's powder, or nearly  $\frac{1}{2}$  of a grain of Opium, and  $\frac{1}{2}$  of a grain of Ipec., and 3 or 4 of Nitrate of Potash. The Opium had quieted the muscles somewhat, by lessening the irritability, as an anæsthetic, but the hands and head are found a few hours after in constant motion, and all the muscles more or less agitated. Advised to withhold the medicine. Certainly enough had been taken, and many a child has been killed with less opium than the three powders contained. Even the third of a grain thoroughly triturated, as in Dover's powder, might take life, and, therefore, independent of all other considerations where there is any danger anticipated from an overdose of medicine, I would give none till the danger is passed, else mischief might be attributed to the last medicine.

Next day the skin is hot and dry; there is thirst and grunting breathing; great pain, with frequent green stools. Here we have a recurrence of similar symptoms, and at the same hour as yesterday, but the Calomel and Nitre have disordered the glands of the mucous membrane of the intestines, and the Opium so reduced the muscular action that there is no chill, no coldness of the feet, and no spasm. There are only pain, and diarrhoea, and thirst, and dry hot skin. The nervous system is chiefly disordered, and next the glandular. It is somewhat difficult to decide what to give here. Ipecac. might do something here, but he has already taken one-third of a grain. Acon. and Bell. promise something, yet it is doubtful if they would do more than Ipec. Perhaps not as much. Ipecac. acts on the ganglionic system, and especially on the solar plexus, and by its close connection with the spinal nerves may affect the motor system of the entire organism, as it does that of the stomach in vomiting. Hence its clinical reputation in spasms, and hence the heat which it causes by congestion of the ganglia, and also its use in hooping cough, and some forms of cerebral irritation.

As for Hep. s., if it can antidote chemically in 2 globule doses, Mercury in 8 grain doses, then is chemistry something that I have yet to learn.

Still I do not doubt but that even such doses of Hepar s. might change the cell action disordered by Mercury to one nearer the normal, which would be equivalent to antidoting it. In any case Ipec. and Hepar s. must take prece-

dence of Bell. and Nit. ac. here. Still it will not do to claim that the remission that occurred two hours after, was wholly due to the medicines. It would doubtless have come had nothing been taken, though probably somewhat later. But no matter, all these grave symptoms did pass away after the second dose of medicine, and "left no sign." This alone clearly shows that the disorder was centric, *i. e.*, depending mainly on disturbance of the nerve-centres, and that the action of the Merc., however much it might modify and disturb, would not, of itself, have been sufficient to cause so much glandular disturbance in so short a time. No one will pretend that 2 or 8 grains of crude Calomel would cause so many and diverse symptoms had there been no previous disorder of the ganglia, brain, or spinal cord.

But it is quite enough to know, that next morning at 8 o'clock all the symptoms returned, with hot head, soreness and bloating of the abdomen, and swelling of the gums; is cutting teeth, and the gums are lanced, because the mother wanted it done; it did no good, and should not have been done in the paroxysm, unless the irritation of the teeth caused the paroxysm. It is somewhat singular that these people who are hydropaths, and resort, from habit, to gross and massive doses of crude medicines, and have just given a teaspoonful of Paregoric, and would hardly object to soaking a child through a summer's night in cold or warm water, are yet afraid to give more than a dose each of Ipec., and Hep.. They were told that the homœopathic medicines were "terribly concentrated poisons." This time I ordered them to give the medicine, right or wrong, whatever might happen.

In the evening is better, and next day there is no return of the paroxysm. Is measurably well, and Cham.<sup>6</sup> is given, 1 glob., 1 dose. (?)

Dysentery was epidemic at this time, and some of the glandular symptoms might be due to that. There is, at such times, always great risk in giving gross and massive doses of Merc., Podoph., or any other intestinal gland irritant.

CASE 28.—July 12, 7 P.M. Alice S., 6. (268.) Typhoid intermittent. Taken three hours ago with severe pain in the side—right hypochondrium; is sore to pressure; pain in the stomach; short breath; dry skin; cold hands and feet; thirst; blue nails; tongue dry, dark, and pointed; occasionally spits up a frothy mucus; wants to drink every few minutes—only a little at a time; some nausea and burning in the stomach; was not well this morning and had similar symptoms; pain is in paroxysms every few minutes; says she feels tired in the stomach; cold wet compresses have been applied to her side constantly, but with no relief. Acon.<sup>6</sup> 2 glob. Half an hour after had a short paroxysm, but without thirst. Nux<sup>6</sup> 3 glob. An hour after had another paroxysm in the left chest. Bry.<sup>6</sup> 2 glob. An hour and a half after was drowsy, and had some heat. Acon.<sup>6</sup> 3 glob. every two or three hours.

July 13, 2 P.M. The heat lasted till 6 A.M. to-day; some pain

at 10 A.M., but soon passed away; weak; rattling harsh cough. Ars., Nux<sup>6</sup>, 1 glob., every two hours.

July 16, 6 P.M. Some heat yesterday afternoon, and under lip was sore; no pain; cough loose, with thick yellow expectoration. Ars., 1 glob., Puls.<sup>6</sup>, 1 glob., every two hours.

Malaria is, doubtless, the predisposing cause here. It is located in the sympathetic system, and centrically in the hepatic plexus. Was first attacked in the morning, with soreness and severe pain in the right hypochondrium, and in the stomach, with shortness of breath, cold hands and feet, dry skin, thirst, blue nails and dry, dark colored, and pointed tongue, with expectoration of frothy mucus, and nausea, and burning in the stomach. These symptoms measurably subsided, but at 2 P.M. they returned with much aggravation, and is worse than ever. The paroxysms return every few minutes, and she complains of feeling tired in the stomach, and no remedy seems to do any good. Veratr. might suggest itself here, but there are no gastric symptoms except pain, and that is not crampy. There is no sweat, and no disorder of the lower part of the spine. And Camphor cannot help us, as it can act only indirectly, and that remotely on the liver, which seems to be the point of attack now. But the origin is in the hepatic plexus, and the short breathing is a reflex disorder through the pneumogastric and phrenic nerves. Bell. might be thought of, but as it acts specifically on the brain we should expect some cerebral symptoms, if it is homœopathic to the present abdominal ones. Regarded as a congestion of the liver from disturbed innervation, Merc. is not homœopathic, as its action is confined to the functions of the bile cells, rather than the internal economy of the organ itself, on which the congestion depends.

The secretory apparatus of the liver may continue to perform its proper function when the parenchyma is structurally diseased. As a direct vaso-motor irritant, Acon. no doubt is superior to any other drug, but the disorder in this case is centric and has its origin in the sympathetic system, and specially in the hepatic plexus, for which Bell. is certainly pathologically indicated. I should give Bell. or Gels. in such a case; but Acon.<sup>6</sup> is given. I would give it, if at all, in drop-doses of the second or third attenuations. After the first dose she escaped half an hour, and the next was shorter, without thirst. Nux was then given, and I cannot now tell why. An hour after had a paroxysm, with the pain located in the left chest, when she had Bry.<sup>6</sup>, 2 glob. Had had no pain an hour and a half after, but was a little drowsy. Bry. was given, no doubt, because the pain was in the left chest; a very poor reason. Acon. is selected as the medicine for the next twenty-four hours. But this is all so much time lost. The essential disease is clearly malarious, and should be treated as such. We need a sympathetic and a spinal irritant, and we can find none more homœopathic than Ars. and Puls.; nor need we point to the special indications. They were finally given, and the patient was "well immediately."

CASE 29.—July 16, 6 P.M. Pliny S., 3. (270.) Taken yesterday, as was his sister Alice, Case 28, with what seems to be congestion of the liver. Great dyspnoea and distress, with

very light-colored papescent stools and a constant desire for stool; cold followed by heat and sweat, and chills followed by heat, and sweat on the face during the heat; ate too much at dinner; some discharge from the nose. Nux<sup>6</sup>, 1 glob., 1 dose, then Merc., 1 glob. every two hours.

Here we have a very different case from 28, although the attack was similar. Malarious irritation of the sympathetic is the predisposing condition and the local irritation of the stomach, from overeating, the exciting cause, developing the sympathetic disorder which fell finally upon the liver. The irritation of the ingesta in the stomach is reflected upon the respiratory apparatus through the par vagum and spine, on the one hand, and upon the liver through the hepatic plexus on the other. The skin was cold all over at first, with great dyspnea and distress. This passed away and was followed by chills, and heat, and sweat, and there was sweat on the face during the heat. The coldness, in the first instance, is due to disorder of the cervico-spinal nerves, and this was malarious, and the reflex action from the gastric irritation caused the disorder of the intestinal glands and muscles of respiration. Nux or Bell. would answer to the cervical disorder, and Merc. to the glandular, and so would Bell. to both. But Bell. would not cure short of a week. Nux and Merc. are given, and the next day he was as well as before.

**CASE 30.—July 17. Mary H., 9 mo. (274.)** Reported. Chills, heat, pain in the bowels, and very black stools; regular every day. Ars., 1 glob. every two hours.

The primary disorder here is in the lower half of the great sympathetic, and then in the glands of the intestinal mucous membrane. There are very few drugs that cause black stools, unless from hemorrhage of grumous blood. Of these only seven are worthy of notice, in any case, and scarcely one deserves notice in this case. Camphor has black stools only with ice-cold skin and sweat; and so with Cuprum and Veratrum, both which have nausea, and vomiting, and cramp. Ipec. has vomiting, and heat, but no chills, with the black stools. Chin. has brown and sometimes black stools, or, at least, very dark; but such are generally painless, and then there is always sweat after the heat; and so of Ipec. Merc. has black, or rather blackish-green stools, but there is always more or less sweat with the pain or after the heat. China dark stools are brown and watery; Merc. stools dark green, and jelly-like; or, if watery, are only brown or green. Ars. has black stools, watery or jelly-like, painful or painless; very black, with or without chills and heat after, and with or without sweat or heat. Ars. is given, and was well nearly a month. See Case 33.

**CASE 31.—July 23. Orlando D., 35. (282.)** No appetite; sick, weak, faint feeling; nausea, with pain in the stomach; very thirsty, and drinks a great deal; pain in the back; tongue rough, flat, moist, and pale; feels worse in the morning; nasty,

bitter taste; pain over the eyes; dizzy, and has turns of blindness, when everything appears green; works some every day; sweats less than usual; don't eat much, and food does not feel well in the stomach; been coming two weeks. *Nux<sup>6</sup>*, 4 glob. every four hours.

July 26. Well as usual.

This patient, in years past, has had ague several times and taken a great deal of medicine for it. Always felt as he does now, but never before escaped having chills. Has been sick now several days, but had no heat to speak of, and no chill at all, though he has a bad spell every morning and is unusually thirsty after. The heat must be internal. Has kept about his work. The malaria here is acting specially upon the solar plexus; hence the "weak, sick, faint feeling," as direct symptoms, and indirectly the reflex symptoms, "no appetite," "thirst," "pale tongue," "bitter taste," &c., and the cerebral symptoms, and also the pain in the back. There is no chill, because the upper spinal ganglia are not disordered, and not much heat, as the cervical ganglia are free. At the first glance, one would be likely to think of *Ars.*; but there is too little general disorder for that, after so many days' illness. In no case can much drink be tolerated when there is a moist and pale tongue. *Ars.* has "bluish or white tongue," but not "moist, pale tongue." Who ever saw a white tongue? And then there would be, most likely, nausea and vomiting on raising the head, as there is dizziness, and there should be more heat, and small, frequent pulse. *Em. tart.* and *Antimon. cr.*, with the recorded symptoms, should have cold skin, and hands, and feet, and small pulse, with deathlike nausea. In *Merc.* we have a better likeness in general, and besides, the special symptoms: "Her eyes see green and black," and "the room turns with her." (Seems to turn; vertigo?) Now, although this is not the precise symptom of the text, to wit: "Dizzy and blindness, when everything appears green," yet it is very near it. And right here I would remark, that if one were to be guided by a single characteristic symptom in the choice of a remedy, this would be the one for this case. But by this "short method" *Digitalis* would be selected, for it is the only drug that has the precise symptom, "things appear green or yellow." Now such a symptom might with more safety be relied upon in the pathogenesis of those drugs that act specifically and principally upon the cerebrum, as *Bell.*, *Stram.*, *Hyos.*, *Conium*, &c. But the specific location of *Digitalis* seems to be the cardiac plexus, and any action on the eye or organs of special sense must be through a disturbed circulation, and so, very indirect and entirely non-specific. Its pathogenesis does not cover the other symptoms better than one hundred and fifty other medicines do; and besides, there is no disturbance of the heart's action or the function of the kidneys. There is no glandular disorder for *Merc.*, no diarrhoea, no clammy sweat with the pale, moist tongue, too little heat, too much thirst, and no chill whatever. *Ars.* would relieve this disorder by its action on the sympathetic generally, but there is now some spinal irritation, and a spinal irritant would be required to make the cure speedy. *Nux* and *Ars.* then might be taken. But *Ars.* is not necessary in that case, as *Nux* acts, if not directly, at least indirectly and specially on the solar plexus. Besides, it has "obscura-

tion of sight, complete," "black and gray motes before the eyes," &c., probably from the connection of the solar plexus with the ophthalmic nerve through the ophthalmic plexus. Be that as it may, Nux cured the man at once, as it is recorded, "well," the third day after, and it did so as a spinal irritant by virtue of its specific action on the solar plexus.

CASE 32.—Aug. 11, 4 P.M. Mary H., 10 mo. (304.) Was sick a month ago, but been well since till yesterday; taken this morning with chills; bowels regular. Cham.<sup>6</sup>, 1 glob. every four hours.

Aug. 13, 1 P.M. Frequent white stools, with pain. Merc. every three hours.

This child was cured of chills by Ars. a month ago (Case 30), and has appeared well since. But perhaps the malaria may have been lurking in the system, and the chills returned suddenly this morning. The disorder seems purely functional, as she was well yesterday, and most likely the hepatic plexus is the centric source of disorder. Cham. is given, and I dare say no one can tell why. There is no heat, and the gums do not seem to trouble her. She should have had Merc. occasionally after the Ars. in the last attack, and it certainly should have been given instead of Cham. to-day for that reason. It might have been predicted that, with malarious disorder of the hepatic plexus sufficient to cause black stools, and also disorder of the mesenteric plexus and glands of the intestinal mucous membrane, with the consequent waste, the liver would fail to receive its usual supply of normal blood, and then would follow a deficiency of bile, and white stools, and so two days after the present attack we have white stools, and Merc. is given. There was no more complaint.

CASE 33.—Aug. 13, 5 P.M. Sylvina R., 3. (306.) Has chills; so cold that she creeps under the cook-stove; not much appetite; diarrhoea; has spells of turning pale, white as a sheet; every day has a chill in the morning, and heat in the afternoon; yesterday fingers were cold, and didn't sit up much; worse every other day; pain at the pit of the stomach, which makes her stoop over; thirst all day, and drinks a great deal; drinks more in the chill; diarrhoea only in and after the heat. Bry.<sup>6</sup> and Puls.<sup>6</sup> every two hours.

The chills in this case are characterized by sensation of intense coldness; she creeps under the hot stove to keep from freezing. The chills greatly predominate. But the most singular feature of the case is that the heat is so far separated from the chill in point of time that no relation can be established between them. They are as distinct and separate as if two diseases, or as if occurring in two persons, and the heat can in no way be said to result from the chill. And, besides, there is no sweat after the heat. We might explain this anomaly by as-

suming two kinds of malaria, as where a quotidian and tertian run their courses alternately through the same organism ; the one located in the upper spinal ganglia, the other in the lower sympathetic system, perhaps in the mesenteric ganglia. The first causes the chills, and through the par vagum and fifth nerves the gastric symptoms and the thirst which continues, whilst the last causes the heat and the diarrhoea. Had there been more symptoms, or rather could they have been drawn, as they seldom can be from so young a child, the selection of a remedy might be easier. It is difficult now. Thirty medicines answer to predominant chilliness, and as many to chills and heat without sweat; twelve or fifteen to paroxysms only in the morning, and quite as many to paroxysms at any time. Almost every medicine has pain at the pit of the stomach, while there are twenty-five or thirty with thirst in the chill, and forty, if not two hundred, with thirst in the heat. There is little chance for us in this direction. If we turn to the pathology we shall select a spinal irritant which includes the lower sympathetic in its sphere of action, and will cause the excessive sensitiveness of the skin to cold or even warm air. And such a one is Puls., being an irritant of the posterior spinal column, and having no very acute sharply defined symptoms. Puls. answers to the afternoon heat. Perhaps it would cover the whole case, but the distinct morning chill with the great thirst seems to require a special spinal irritant, and Bry. is selected because it acts specially upon the upper part of the spinal system, when the excessive thirst points to the centric disorder. Bry. and Puls. cured the child at once. There were no more chills.

**CASE 34.**—Aug. 15, 10 A.M. Mary B., 5 $\frac{1}{2}$ . (809.) Had a diarrhoea last week, but seemed well since, except a paroxysm of heat every day in the forenoon for several hours. Don't notice any chill. Acon. every hour.

Aug. 17, 1 P.M. Great heat last night; intermittent. Merc., 1 glob. every four hours; continue Acon. in the heat.

In this case there had been diarrhoea recently (291), since which she seems to have had a paroxysm of heat every day, but no chill was noticed, and indeed not likely to be, for the mother is young, and not at all observing, and she has four children, this being the oldest. Acon. was given, and the heat passed away as usual, I suppose, but returned about the same time every day; and, two days after, the heat is transferred into the night, and Acon. is continued, and Merc. added every four hours, probably on account of the previous diarrhoea. It was, perhaps, correct, as the liver is apt to become disordered functionally after a diarrhoea, if not in it, by a deficient supply, or vitiated quality of portal blood. It may be that the local irritation of the liver reflected upon the sympathetic system is the sole cause of this periodic heat, the recurrence of which Acon. might disturb, but not prevent. There may, possibly, have been chills, but I think not. If there were they were only reflex sympathetic, or Merc. could not have cured so promptly.

**CASE 35.**—Aug. 19, 10 A.M. Samuel H., 40. 1. Taken with severe headache; 2, chills, heat, and sweat; 3, after sweating

got out of bed, and had another chill; 4, couldn't bear the light; 5, took some Quinine, and then some homœopathic medicine, and was less chilly after; 6, but was in great pain all over; 7, back so bad that he can't bear his own weight; 8, face and lips red; 9, not chilly now; 10, has a pain at the left side of the umbilicus, about the size of an egg, that makes him sweat; 11, tongue dry, 12, and coated white; 13, thirsty; 14, can take but little food, 15, but that tastes good; 16, feels very weak; 17, pit of the stomach tender to pressure; 18, also left side of the umbilicus; 19, pain in the back or head all the time; 20, no stool since day before yesterday; 21, dizzy. Ipec., 4 glob., 1 dose; Nux<sup>6</sup> every two hours.

The whole history of this case shows that malaria is the cause of the disease, and that there is some central point of irritation. It cannot be in any of the large glands or organs, as none manifest disorder. It is most likely to be found in the sympathetic system, and in the lower part at that. The circumscribed pain at the left side of the umbilicus, with soreness on pressure, remaining while other symptoms appear and disappear, fixes with sufficient accuracy the seat of the disorder in the lower mesenteric plexus. That it is not in the solar plexus, or in the semilunar ganglion, is evident not only from the locality of the pain and soreness, but from the absence of gastric symptoms. The soreness at the pit of the stomach probably comes indirectly through or from the spinal ganglia. Chills following chills, heat and sweat present an irregularity that indicates the disorder of the cervical and cervico-spinal ganglia to be derived from some common centric nerve source, probably from the mesenteric plexus, through the sympathetic to the one, and through the lower spinal ganglia to the other. Some of the branches of the fifth and seventh nerves are disturbed, s. 4, 8, 11, 12, 18, 14, but the gustatory seems clear, s. 15. The intestinal mucous membrane is not disordered, but there is a deficiency in nerve force, s. 16, 20. The disorder has extended to the region of the stomach, and up through the dorsal spine to the neck, s. 6, 7, 18, 19, 21. The whole sympathetic system is more or less disordered; and the posterior spinal column seems to participate. When we look for a drug to meet the symptoms of this case, we shall find 50 or 60 for s. 2, 200 for s. 1, none for s. 8, though Merc. comes the nearest, but 50 others approach it, 800 for s. 4 and 5, 50 for s. 7, and any reasonable number for s. 8 and 9, and not a drug for s. 10, and so of the balance. It may seem very easy to an expert to select a drug to meet the totality of the symptoms, or to match a single characteristic one, supposed to represent the totality. But how, when there are two or three totalities, and no characteristic symptom? and besides, we have here an unknown quantity, the Quinine. The precise value of the disorder it has caused we have no means of determining. Shall we take Bry.? We know that it is a cerebro-spinal irritant and reflex glandular. But it acts from the nerve-centres with energy; there is no uncertainty and no hesitation. If there is colic, it is terrible. If soreness, it is in the fibrous or muscular tissue, and is sore. Its pains are sharp, its soreness tender; it wears no mask. Not so with Puls. It

is easy enough for this case, but there are not enough glandular symptoms, and so of Bell. and Merc.

Pathologically, as the chief spinal irritant, Nux is all we can ask, and also best meets the symptoms. It has, even, "pain near the umbilicus, with stinging." Nux cured. I think there was another chill. I cannot imagine what the Ipecac. was given for.

CASE 36.—Aug. 22, 5 P.M. Franky M., 2. (326.) Had the ague, and stopped the chills with Quinine. Last summer suffered a great deal from indigestion; two weeks ago had a sort of chill; bowels are disordered; stools almost white; waked at 12 P.M. in a cold fit, and was very uneasy and restless; lasted two hours; coughs a good deal, and has ever since last May, and cough is worse in the chill; to-day hoarse, harsh, and rough, no heat after the chill, only a cold sweat, and sleeps after; the next night, at 12 P.M., had some heat, and slight sweat after; no chill; took 5 or 6 grains of Quinine, and has not sweat since. The wet sheet pack broke the chills one night; had a warm bath another; next night the chill came on at 8 P.M., when he waked up screaming; respiration is now short and spasmodic; ravenous appetite when the chills are regular; occasional constipation alternating with thin bilious stools; great heat after, when the chill came on at 8 P.M.; for three days had no heat, only chills; thirst during the chill, but not in the heat; cough in the chill; first the fingers and toes get cold, and the coldness gradually extends over the whole body; cough has always been dry; begins to cough when he first gets in bed; fluent coryza; face red; occasional cramps; cold water aggravates it if it touches him; warm ameliorates; coughs worst morning and evening, and after walking in the daytime; has formerly been troubled with the "hives;" seen nothing of it since the cough commenced. His sister has herpes, alternating with diarrhoea; can't lie on the right side; mouth sore. Ipec., 4 glob., 1 dose; Veratr., 4 glob. two hours after; then 4 glob. Nux<sup>6</sup> at 10 P.M. and 11 P.M., and 3 glob. every four hours tomorrow.

Aug. 25. Well, except slight cough.

This child was ill last summer. Probably the malaria was acting on the solar plexus, causing the indigestion. Last spring had the ague, and took Quinine, and has had dry cough ever since. Before that was subject to nettle-rash.

Two weeks ago ague returned, and had a chill two hours long at midnight; next night had no chill, but after the time had heat, and then sweat; next day took Quinine, and not sweat since; next night was "packed out" of the chill, and the next escaped through a warm bath; but the next the chill got the start, coming on at 8 P.M., and had everything its own way, for he waked up screaming, and came near having a convulsion, and had great heat after; then there is a chill every day for three days without heat, and has been very hungry; has been hungry all the time when the paroxysm has been every day regularly. The paroxysms now are as at the first. Coldness spreads from the fingers all over him, with thirst and aggravation of the cough and any previous symptom. There is cold sweat now, immediately the chill ceases, and then he sleeps.

This case is much mixed. There is, first, the malarious irritation; second, the Quinine; third, the hydropathic treatment; and, fourth, the transferred dermoid irritation to the entire internal mucous membrane, except that of the urinary apparatus and the internal ear. The spinal disorder, or chill, has been predominant from the first, and the persistent coldness of the skin indicates a good deal of reduction in nuclear action. The cough is caused by the disorder of the mucous membrane from the transferred nettle-rash, but the aggravation in the chill is due to the malarious spinal irritation, reflected through the pneumogastric nerve. The sweat which usually followed the chill relieved the lungs for the time.

The sympathetic malarious symptoms are the heat, and the gastric, and the intestinal. The cerebro-spinal are the chills, and sweat, and hunger, and thirst, through hyperesthesia of the gustatory and other nerves.

The quinine irritation is seen in the irregularity of the symptoms, and especially in arresting the sweat; and the effect of the baths in changing the time.

The effect of the transferred dermoid irritation is seen in the cough, which commenced when that disappeared from the skin, which persists as a subacute bronchitis, under all circumstances, only aggravated in the chill and ameliorated in the sweat. Its mechanism is, irritation of mucous membrane reflected upon the muscles of respiration. It does not depend upon sympathetic, cerebro-spinal, or malarious irritation in any form. The short respiration is no doubt reflex spinal, and so of the cramps. Now we may set aside the quinine irritation as it has little present influence, and also the hydropathic, which has still less.

And we have left only disease of the pulmonary and intestinal mucous membrane, and malarious irritation of the sympathetic, and spinal, and cerebro-spinal systems.

Now, it is not very clear why Ipec. was given, unless to antidote the Quinine, and if so, it would have been more sensible to have given a few more globules, to keep up appearances, if nothing more. As for Veratrum, it is well enough, but only reaches the cold sweat and cramps, mere incidental symptoms. Any single remedy should cover the whole disease, and it would be a grave task to find a drug that would cover all the symptoms of this case, though narrowed down as they are. But the lungs may be left to themselves, and then we have only to treat it as an ordinary ague. We need only a sympathetic and a spinal irritant, and in this case, at this stage, there is so little left of the first, that almost any spinal irritant might cure it alone and unaided. Nux is given, and three days after is well as before the attack.

CASE 37.—Aug. 28. Mrs. A. T. S., 40. (331.) Had a chill night before last, very slight, with some heat and sweat. Three weeks ago had severe pains in the forehead, for which she took Puls.<sup>6</sup>, 3 glob. every night; worked all yesterday; some appetite, but had chills with heat all last night; pain in the head and limbs; very thirsty, and drinks a great deal; costive since her confinement two weeks ago.

Took some kind of laxative medicine, and brought on the chills twice before; has chills, heat, and sweat altogether; ends of the fingers blue in the chills, and wants to be closely covered; head now aches badly, and feels big. The weather last evening was delicious. Seems as if her arms, gums, head, and each part of the body was as big as a saw-log, and as rough; thirsty all the time except in the chill; tongue dry, white, broad, and tremulous, and red at the point; pain in the left side of the face, which was throbbing and jumping, and went into the left chest. Nux<sup>6</sup> every two hours.

This woman has been taking Puls. for irregular chills and other ailments. Was not well yesterday, and had heat all night. Here the malaria has been at work a long time, and now seems to pervade the whole ganglionic system. The slightest cause seems quite sufficient to set the morbid action in motion. A slight laxative has brought on the chills twice in two weeks. The whole sympathetic system and all the spinal ganglia seem to be disordered at once, and to act in concert. At times there is a distinct chill, and then the disorder of the spinal ganglia does not seem to reach the origin of the fifth nerve, as there is no thirst. The thirst is from sympathetic reflex irritation, occurring only in the heat. The pathology requires both a spinal and sympathetic irritant. As the chills are predominant, Nux is selected, and cured. It is always safer to give a sympathetic with the spinal irritant in such cases, though Nux and most spinal irritants act more or less on the sympathetic, either directly or indirectly.

She was well three days after.

CASE 38.—Sept. 5, 8 P.M. Ellen V., 12. (349.) Thinks she has taken cold; had a chill at 9 A.M.; felt chilly, and was blue all over; headache, afternoon; tongue nearly clean; tonsils swollen; mouth was dry, but is moist now; no thirst, but chilly in the heat, and wanted to be covered all the time; hands moist since 2 P.M.; been taking Aconite since 1 P.M.; right side of the neck sore on motion, or to pressure; skin warm. Dulc.<sup>6</sup>, 4 glob., 1 dose; Nux<sup>6</sup> every two hours.

This case is complicated with acute tonsillitis, for which she has just been under

treatment. Has generally an acute attack, if she takes cold. The malarious irritation is mainly in and from the cerebro-spinal system, as appears from the predominant chilliness, in the cold blue skin, this morning, and especially the chilliness in the heat; the spinal disorder continuing into the hot stage. There is disorder of the posterior spinal column, as shown by the sensitiveness of the skin to cold, moist hands, and lame neck. That there is little sympathetic irritation, is manifest from the fact that almost every symptom appears previous to the heat. Merc. suggests itself here; but there is too little glandular disturbance, especially in the abdomen, and too much real coldness of the skin. Nitric acid, though homœopathic to lame neck, is liable to the same objections, and in neither is the cerebro-spinal system so much disturbed as here. Bell. promises very well, but there is too little cerebral disorder. Dulc. meets the tonsillitis, but is too much like Merc. It meets the presumed cause, taking cold and the lame neck, better than Bell.; but there is not enough heat or sweat, and its most characteristic symptoms always appear as if being developed through a rheumatic diathesis. It is probably the most homœopathic remedy for the tonsillitis under the circumstances. We need a well-pronounced cerebro-spinal irritant here, and no one is better than Nux, and Nux cured. What the single dose of Dulc. had to do with the cure is not certain. But the tonsillitis disappeared with the other symptoms. No other prescription was needed.

CASE 40.—Sept. 8, 2 P.M. Pierre Q., 47. French. (363.) Had a chill day before yesterday; headache and great heat to-day; nausea; tongue white and smooth; no appetite; feels very weak; face and lips red. Nux<sup>6</sup> every half hour, twelve hours; then every two hours.

Sept. 10, 3 P.M. Yesterday was better; had a chill to-day at 11 A.M.; headache and sweat after; has eaten some to-day; abdomen tender; three yellow stools; pit of the stomach tender to the touch; tongue coated white, and is dry at the point; wants to drink all the time; frontal headache; skin is dry now; the chill lasted an hour; sometimes coughs; throat sore; thirst in the chill. Ipec. and Rhus<sup>6</sup> every two hours.

Sept. 11th, 8 A.M. Better; has sweat; some appetite. Cont.

8 P.M. Slight chill at 5 P.M., and sweats now; slight cough; stitches in the chest and tenderness at the pit of the stomach. Bry. every two hours.

Sept. 12, 8 P.M. Had a chill at 10 A.M., and heat till 5 P.M.; thirst only in the chill and heat; one stool to-day; slight hacking; pain the whole length of the sternum during the chill; tongue dry, smooth and pale; skin moist and cool. Nux<sup>6</sup> every hour.

Sept. 13, 7 P.M. Some appetite; no chill; three stools since

yesterday; pain in the legs and neck; some heat; slight headache; hacking cough; most pain in the back of the neck. Nux<sup>6</sup> and Ars. every two hours.

Sept. 14, 9 A.M. Chill of half an hour at 6 A.M., with headache; good appetite before the chill; feels very weak, with gripping before stool; green and bloody stools with colic (colique); thirst only in the heat; no taste; tongue feels dry, but it is moist, and pale, and smooth; abdomen not tender; restless at times; face red; lips dry. Cham.<sup>6</sup> every hour.

8 P.M. Skin moist and warm; no stool; is sitting up and eating some chicken; good appetite.

In this case the disorder is mostly sympathetic, though there was a chill on the 6th. On the 8th there is only heat and other sympathetic symptoms; the gastric being reflex through the pneumogastric nerve. Ipec. is the remedy. There is no chill, and no cerebro-spinal disorder whatever, and Nux is not indicated at all, and could be of no possible use. Puls. would do something. On the 9th is better, and no doubt would have been had he not taken Nux. On the 10th had a chill, which Ipec. or Puls., or even Ars., would most likely have prevented, as it would the diarrhoea and cough and other reflex abdominal and pulmonary symptoms. The disorder has extended down from the solar plexus, and now reached the intestinal glandular system. The whole sympathetic system and the pneumogastric nerve are affected. Hence the headache, white tongue and dry at the point; hyperesthesia of the gustatory and other nerves, causing hunger and thirst, tenderness of the abdomen; alternate moist and dry skin, and the cough. The increasing abdominal disorder points strongly to Merc. and Ipec. There are, on the one hand, too few gastric symptoms for Ipec., and the skin is too dry for the small amount of abdominal disturbance for Merc. on the other. The tenderness of the abdomen, the yellow stools, the white coat of the tongue, and dry point, are certainly characteristic of Merc.; and besides, dysentery is almost epidemic now. But Ipec., like malaria, acts centrically on the sympathetic system, and so indirectly on the intestinal mucous membrane, while Merc. acts directly on the glands themselves. Why Rhus is given does not appear. Ipec. and Merc. would have been a good prescription, as the glands are considerably disordered. Even Merc. alone would do something. However that may be, Ipec. and Rhus are taken, and in the morning there is sweat and some appetite, and slight chill at 5 P.M. and sweat at 8 P.M., with slight cough, stitches in the chest, and tenderness at the pit of the stomach. The respiratory disorder is increasing through increasing irritation of the pneumogastric; and Bry. is selected, probably on account of the stitches in the chest. Puls. would have been better here, but the Ipec. should have been continued. The stitches indicate only increasing disorder of the cerebro-spinal system. On the 12th had a chill at 10 A.M.; at the same hour it occurred on the 6th and 10th, and the heat that followed lasted till 5 P.M. The cerebro-spinal irritation is still increasing. Hence the thirst only in the chill, with pain behind the sternum. The entire spinal system seems to be now implicated, as appears from the pain in the back,

neck, and legs; cutting abdominal pains with soreness. The disorder of the sympathetic system is also increasing; hence the more prolonged heat, headache, and nausea, and dry, smooth, pale tongue. And here we may remark, that there is reason to suspect a local irritation in the spleen, though there are no physical signs of it. A dry hacking, persisting through the whole course of a malarious disease, with pale tongue, is a pretty sure indication of splenic disorder. In this condition Nux, as a spinal irritant, should be given, and in the 3d and 80th in alternation to make a decided impression. And Nux is given, but it is not sufficient; Ars.<sup>20</sup> should be given in alternation, as the Nux will certainly fail to reach the sympathetic symptoms, and then reflex irritation will reproduce the chill, in spite of Nux; even Puls. would help some. Next day, the 18th, there is no chill. Nux has prevented that, but all the symptoms remain in a sort of subdued or smothered condition. The abdominal, being sympathetic, are wholly unchanged, and Nux<sup>6</sup> and Ars. are given; Nux<sup>6</sup> or <sup>20</sup> and Merc. are better. On the 14th there is a chill at 6 A.M., with headache, but no thirst. The cerebro-spinal irritation seems almost spent, and its symptoms are now mostly reflex sympathetic; hence "the bloody stools with griping," and "green and bloody stools," "thirst with heat," &c. Had Ars.<sup>20</sup> been given instead of Ars.<sup>6</sup>, probably these symptoms would not have appeared, at least in so aggravated a form. Had Merc.<sup>8</sup> or <sup>20</sup> been given, they would not have appeared at all. Cham.<sup>6</sup> is now given; why, I am quite unable to say. It was a stupid thought, for there is not a single indication for it. Of all the blunders made in this case, this is the most inexcusable; it could hardly lessen the restlessness. But it mattered little; the Ars. had done the work, and its continuance might have aggravated. There were no more chills.

CASE 41.—Sept. 8, 5 P.M. Mrs. Charles T., 24. (867.) One year ago had the ague, and took Cholagogue (Quinine). Taken this morning with cold hands and feet; fingers and nails and arms blue; the last purple, spotted, mottled; is alternately chilly and hot, wants to be covered all the time; thirst before and during the chill; nausea; skin hot and dry; not as thirsty now; great weakness when the chill is subsiding; sharp pain in the side, back, and abdomen during the chill, with scanty stools; cheeks red; head and face feel hot, with heaviness and dizziness. Ipec.<sup>6</sup>, 4 glob., 1 dose. Then Nux<sup>6</sup> every hour; six hours. Then every two hours.

The symptoms here are all cerebro-spinal, the only sympathetic one being the heat, and that may be reflex spinal; the only evidence of its being centric is its alternating with the chill. If the malaria is acting centrically from the sympathetic system, then the nausea, and scanty stools, and weakness, and red cheeks, &c., may belong to it. The prescription is correct in any case. Perhaps the Ipec. is not indispensable, and yet instead of one dose, I would alternate it with Nux, which, pathologically, is the first remedy to be thought of; but pathogenet-

ically, it might find a rival in Merc., Acon., or even Bry., and especially in Eupatorium.

CASE 42.—Sept. 13, 8 P.M. Hiram H., 20. (375.) Ague. Had a chill day before yesterday in the afternoon, and another to-day; great heat with delirium; headache; pain in the bones; thirst in the chill and heat. Bell.<sup>6</sup>, 4 glob., 1 dose; Acon.<sup>6</sup> every half hour in the heat, and then Rhus<sup>6</sup> every two hours.

Sept. 14, 8 P.M. Chill again; felt well and was out this forenoon; just taken 6 grains of Quinine; can't afford to be sick; had very little chill and less heat than yesterday; headache now; face very red, and color disappears on pressing on the skin, and returns when the pressure is removed; face seems swollen. Rhus.<sup>6</sup> every hour.

Here was a chill on the 11th, and recurring on the 13th, indicating a malarious origin, and located in the upper cerebro-spinal system, hence the heat with delirium, headache, pain in the bones, thirst, &c.; though many of these symptoms may be reflex sympathetic. The symptoms are well enough taken, and seem well pronounced, but yet there is something lacking. The remedy seems to be Bell., and yet there is not the frequent pulse, dry mouth, and intense thirst in the heat. And then the face should be red or pale; Bell. has no halfway symptoms; besides Bell. is seldom homœopathic to malarious disease, as such; there is really no indication for Acon., and the only one for Rhus is pain in the bones, which Bell. has not; Gels. is better than either, and Ignat. and Ars. are the remedies, and would have prevented the recurrence of the paroxysm, for which he took 6 grains of Quinine.

He would not have had another, as blundering as the treatment was, if he had not taken it, as there was little chill or heat, and few symptoms; a remarkable feature in this case is the absence of gastric symptoms. The Quinine, if taken at all, was rightly timed, as three grains taken in the chill are more effectual than twenty taken in the apyrexia.

CASE 43.—Sept. 15, 10 A.M. Mrs. Andrew I. W., 34. (376.) Had a chilliness and prickling of the skin on Friday, 10th, after overdoing; chills and heat on any exposure to the air, and has to be closely covered with the bed-clothes all the time; headache; weak and trembling; on Sunday had it again, with headache, and on Tuesday again, commencing with a terrible headache at noon; seemed, as if the head would split; pain in all the bones all over; no sweat; headache and skin dry, with heat, this morning; lips parched; feels very weak; tongue, moist, large, and pale; sensitive to noise; dizziness with pressure upward and

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outward; hurts to speak; some appetite; mouth dry; no thirst; bad taste; mouth slimy, sticky; bowels natural; dyspnœa; head feels sore inside; when first taken had 3 grains of Quinine; breath fetid; has taken pills of Ox gall, Dandelion, and Mercury every day since Saturday. *Nux<sup>6</sup>* every hour.

Sept. 16, 8 A.M. Heat left about 4 P.M., yesterday; did not sweat; very weak to-day; just now taken with a chill; hands are cold, and nails blue; empty eructations; lips dry; somewhat chilly; beating and throbbing in the head, and down into the neck, and throbbing and shooting back into the head; pain in the back and limbs, and heat in the head and face; stitches in the abdomen; chills run all over her. Cont.

7 P.M. Chill lasted till noon, with beating, throbbing headache and great heat after. *Acon.<sup>6</sup>* during the heat, and *Nux<sup>6</sup>* as before.

In this case the supersensitiveness of the skin to the air and the prickling indicate malarious irritation of the posterior spinal column. The chills and heat on Friday are probably reflex sensations from hyperæsthesia of the cutaneous nerves, alternating between the cerebro-spinal and sympathetic systems. *Nux* would most likely have cured here, but Quinine was taken, and aggravated the headache on Sunday, when she had another paroxysm; and besides was taking other medicines; on Tuesday the paroxysm recurred, with the head symptoms greatly aggravated by the Quinine; there was the usual headache in the morning, with dry hot skin and parched lips, but at noon it was "terrible," and there was pain in the bones, but no sweat after; this morning has heat, headache, dry skin, parched lips, &c., indicating disorder of the pneumogastric nerve, fifth nerve, and the sympathetic. It is difficult to decide what shall be done here, and what the Quinine had to do with the headache, &c., and what the pills have to do with the case. I think, *Ars.* more homeopathic than *Nux*, and it should have been given in the third and sixth dilutions; there are relatively too few cerebro-spinal, especially motor symptoms, and too many purely cerebral for *Nux*, and hardly enough of the latter for *Bell.* *Ipec.* meets the case better than *Nux*, but there are too few gastric symptoms, and too many cerebral, while there is not sweat enough for either; *Ars.* is specially indicated on account of the Quinine aggravation, though *Bell.* should meet that, as the aggravated symptoms are mostly cerebral. On Thursday early, we have no heat, and there has been none since 4 P.M. yesterday, but there remains great weakness and dry skin, indicating great disorder of the sympathetic system; just after 8 A.M. the chill recurred, with cerebro-spinal symptoms of "cold hands, blue nails, chilliness, chills run all over, beating, throbbing, stitching pain," &c., in back, spine, and all over; and the sympathetic symptoms, "empty eructations, dry lips, heat, heat in the head and face," &c., and for all this *Nux<sup>6</sup>* is given, and in the evening, when it is known that the chill lasted till noon with continual aggravation of the symptoms followed by great heat, *Nux* is still continued and

Acon. ordered for the heat next time; now this is mere fooling. Nux<sup>8</sup> and Ars<sup>6</sup> would have cured this case in half the time it took not to cure it, and Nux<sup>8</sup> and Puls.<sup>8</sup> would have cured it in two days. It was not cured at all.

CASE 44.—Sept. 19. Frank M., 2. (378.) Chills and heat yesterday, followed by sweat; hoarse, dry, harsh, rough cough; to-day loose, with rattling of mucus in the lungs; stools frequent, but nearly natural; tongue coated yellow; feels much better than yesterday. Ars., 3 every three hours.

Sept. 20. This morning very frequent, scanty stools, with pain, restlessness, and crying; thirsty. Nux<sup>6</sup>, 1 every three hours.

Sept. 21. Very cross; hands and feet cold; nails purple, and skin mottled blue, red, and purple; no sweat; three yellow, watery, undigested stools, looking like overdone custard; slept well; rough scarlet rash on the skin, in patches whenever the skin gets warm. Veratr., 2 every two hours; Dulc., 2 every two hours to-morrow.

Sept. 22. Only one stool; color natural but rather thin; pain in the bowels in the forenoon; had a paroxysm this morning like that of yesterday morning, and about the same time; nettle-rash is to-day like mosquito-bites, or a bee-sting; hoarse, harsh, ringing cough. Lach., 2 glob., 1 dose.

Sept. 23. Cough loose; alternately dry in the night, and continued Veratr. Took cold; one light ash-colored papescent stool. Lach.<sup>8</sup>, 3, and Dulc.<sup>6</sup>, 3 every three hours.

Sept. 25. Better. Cont.

Sept. 27. Well.

A month ago this patient had a diarrhoea, and cough, and chills (Case 86), but has been well since, except a little cough. The presence of malaria is unmistakable now. On Saturday, 18th, had a regular paroxysm of ague, and a harsh, hoarse cough. Next day no chill, but cough same, and diarrhoea. The main malarious irritation is in the sympathetic system, and hence the diarrhoea, and in part, the bronchial affection. There is much less indication here for Ars. than for Merc., and if any one medicine is more homoeopathic to this case than another, it is Merc. And had it been given on Sunday, there would not have been found on Monday, pain, and restlessness, and thirst added to the previous symptoms. Possibly the Ars. may have aggravated the disorder by irritating the sympathetic ganglia, as those symptoms are not only new, but belong to Ars. Nux<sup>8</sup> is now given; should be Ignat.<sup>8</sup> and Merc.<sup>6</sup> Indeed, it is folly to trust this case to Nux alone. And certainly it did no good, for next morning, though the cough is somewhat better, because the increased intestinal disorder has lessened

the secretions of the bronchial mucous membrane upon which the cough mainly depends, yet the paroxysm of Saturday recurs, with its cold hands and feet, purple nails, &c. Veratr. is given, but if any one can see it in the symptoms, he can see what I cannot. There is hyperæsthesia of the skin when warm, hence the rash and anæsthesia when cold, for all which, or either, it was very stupid to give Veratr. True, Dulc. was ordered for the next day, but was not given. And what is our remedy? We have to meet the heat from malarious disorder of the sympathetic, and the rash and reflex spinal irritation of the mucous membranes from irritation of the posterior spinal column; and second, the original lesion of the mucous tissue—the diarrhoea and subacute bronchitis. For these varied conditions probably Ars. is the best single remedy. First there is the cold, blue, dry skin, which for Veratr. should be drenched in sweat. Then the localized bronchitis and intestinal catarrh, and then the rash from disorder of the nerve-centre. Either Bell. or Dulc. would answer very well to the last two, but not to all. On Wednesday had another paroxysm similar to that on Tuesday, and at about the same hour. The bowels are a little better, the cough worse, and the skin disorder becomes a distinct nettle-rash. For this, Douglass gives Rhus; but Lach. is given, 1 dose, which is well enough, and Veratr. is continued, which is not at all well enough. Ignat., or Nux., or Puls., or even Rhus, with Ars. or Merc. would answer well, and should have been given yesterday. Thursday there is no change that might not occur without medicine. There seems to be only glandular disorder left, and Lach. and Dulc. are given. Lach and Dulc., or Lach. and Merc. should cure the remaining disorder. Four days after is well. No other prescription is made.

CASE 45.—Sept. 21, 10 A.M. Thomas F., 50. (386.) Pain across the abdomen; took some pills last night; bowels have not moved; pain and soreness below the navel; drank a large quantity of buttermilk, and ate some salt fish; is chilly; yawns and wants to be covered; tongue pointed, sharp, and coated white; vomited this morning; bitter taste; some nausea now; the chills and yawning are in paroxysms, with stitching and empty eructations; not well for some days; costive. Puls.<sup>6</sup>, 4 glob.; Nux<sup>6</sup> every hour.

6 P.M. Has vomited freely; some heat; frontal headache; eyes sore; no appetite; some soreness in the abdomen. Nux<sup>6</sup> every hour.

This case might readily be mistaken for simple gastric derangement from over-eating and drugging. But the patient was not feeling well before, and was constipated. Yesterday took physic and it didn't operate, but caused pain and soreness in the bowels below the navel. This morning vomited, and feeling hungry and thirsty after it, drank nearly half a gallon of buttermilk. There is disorder, most likely malarious, of the cerebro-spinal system, hence the chills, and yawning, and stretching in paroxysms, indicating disorder of the anterior spinal column; and desire to be covered, significant of disorder of the posterior

column, and gastric symptoms from disorder of the sympathetic where the present symptoms were first developed from the reflex irritation of the pills on the mucous membrane of the stomach and bowels; and from the sympathetic, the disorder extended to the spinal, and hence the motor symptoms, yawning, and stretching, and intolerance of cool air. Following this is the irritation of the fish and buttermilk aggravating all the previous symptoms, which might otherwise have subsided after the vomiting in the morning. To have drank freely of warm water, and vomited up the ingesta would have been the most rational treatment, but Nux and Puls. are given. In ordinary cases this would be sufficient, but almost or quite useless when the stomach is full of such abominations—codfish and buttermilk!

Some time in course of the day they were vomited, and the medicine was very properly continued. Undoubtedly the gastric symptoms would have subsided in twenty-four hours after the vomiting had he taken nothing. Still there would be a recurrence of the chill the next day, since there was some heat the next day at 6 P.M. No doubt the medicine prevented the chill. Nux is now continued. Should be Nux<sup>8</sup>, or Puls.<sup>20</sup> and Ars.<sup>20</sup>, every four hours.

CASE 46.—Sept. 21, 11 A.M. Moses C., 40. (388.) Has had chills every day for more than a week. Took Quinine and pills and brought on a fever and diarrhoea; no chills now, but dreads the cold air; thinks he will be chilly if he moves; feels very weak; bilious stools; face blue; pain in the forehead; skin hot and dry; very thirsty, but drinks only a little at a time; very little sweat; breath fetid; mouth feels very dry; dry hacking cough; bad taste with nausea and vomiting; water tastes raw and rough; top of the tongue feels sore; tongue has a yellow coat, and is red in the middle; says he wants something, don't know what; wants sour things; pain in the back, and feeling of "goneness" at the pit of the stomach; occasionally draws a long breath. Cham.<sup>6</sup> and Bry. every two hours.

Sept. 22. Better every way. Cont.

Sept. 24. Better. Cont.

Sept. 27. Better. Bry.<sup>6</sup> every four hours.

Sept. 28. Very frequent, watery, painless stools. Phos. ac. after each stool.

Sept. 29. Tongue dry, with slight white coat; some appetite; hacking cough after eating or drinking; one yellow watery stool this morning; pale face; lips bluish; thirsty. Cham.<sup>6</sup>, Bry.<sup>6</sup>, every two hours.

Sept. 30. Better; been eating apples and hickory nuts. Puls.<sup>6</sup> every two hours.

Oct. 2. Well.

This patient had the ague more than a week, when he took Quinine and stopped the chills, but increased the heat by disordering still more the sympathetic system, whilst the pills caused a diarrhoea by direct irritation, which was continued by the disorder of the sympathetic. The posterior column is disordered, hence the dread of cold air, and feeling "as if he would be chilly," &c. There is a good deal of irritation in the pneumogastric nerve and sympathetic system, hence the gastric symptoms and faint feeling with dyspnoea. The intestinal glandular disorder extends to the bile cells, hence the bilious stools. And the vitiated bile adds to the intestinal disorder by direct irritation.

The medicine in this case has done little or nothing. Bry. has not a single symptom in the whole case, and has no business there, and Cham. has very little more claim on our attention, though the mere hunter of characteristic symptoms might be misled by "yellow coated tongue and red in the middle" for Bry., and "wants sour things" for Cham. But Merc., Nux, Podoph., Ipec., and twenty others stand directly before either. Cham. and Bry. are given next day; the patient is better, as he would have been merely from the effect of the quinine and subsidence of the local irritation of the pills. Surely there is no evidence that Cham. and Bry. had any effect. Indeed, you are seldom certain of getting the effect of any medicine, under such circumstances, however homœopathic it may be. Still, if we give any, it should be the right one. He is reported better on Friday and on Monday, and the medicine is continued. But on Tuesday we have very frequent watery stools, and are just where we should have been had nothing been done. Secretion and excretion are being resumed. The fact is, that at the first but two medicines required the least attention, and they are Ipec. and Ars., both sympathetic irritants, and so pathologically homœopathic, as the Quinine had quelled the chills, and both have the symptoms of the case in common. But the chills suppressed by Quinine, the absence of sweat, the sensitiveness to cool air with hot dry skin, the great thirst and inability to drink, the dry feeling in the mouth and red tongue, with sore feeling on the top, the raw rough taste of water, and pain in the back, give Ars. the preference; and had it been given in the 3d, 6th, or 80th attenuation, or in all of them, this patient would have been well in four days. And yet on the eighth day we have "very frequent watery stools," for which Phos. ac. is given. Ars.<sup>20</sup> would cure this, and would have prevented it. Had they been profuse, as they were not, Phos. ac. is the best remedy. Next day we have dry tongue, hacking cough, watery stool, pale face, blue lips, and thirst, a return of the ague paroxysm, in a slightly modified form, as is usual on the eighth or ninth day after taking Quinine, and still Ars.<sup>20</sup> is the remedy, though Bry. and Cham. are repeated. Four days after is well as usual.

CASE 47.—Oct. 13. Martin H., 14. (410.) Been sick two weeks; had chills, like ague, at first with heat and craving appetite till day before yesterday; pain in the right hypochondrium; throat sore, and hurts to swallow; vomits occasionally; bowels loose; some cough, generally loose; feels weak; says that he was first taken with faintness, and that it hurt him to

move his legs when lying down ; legs felt dry and cold ; when sitting it hurts to move them. **Nux<sup>6</sup>**, 4 every six hours.

This patient was taken two weeks ago with faintness and lameness of the legs and back, and it hurt to move them when sitting or lying down, while his legs felt dry and cold. Then he had chills like ague, and he knows what that is. Here the malaria is first located in the spine, the lower part, and mainly in the posterior column, hence the faintness and symptoms of the legs. The irritation soon extended upwards, and then he had chills ; and next, to the sympathetic system, and then there is heat followed by hyperesthesia of the pneumogastric ; and so we have hunger in the heat, and cough. And, finally, the solar and hepatic plexuses become disordered, and there is vomiting, pain in the right hypochondrium, and diarrhoea. As this train of symptoms indicates only reflex sympathetic disorder, the probability is that all will pass away when the original malarious irritation is removed. Then we need a spinal irritant that will act upon the lower part of the spine as well as the upper, and **Nux** will answer our purpose. It would be well to give a sympathetic in most cases of this kind in alternation, but **Nux** alone cured in two or three days. **Puls.** and **Merc.** would have cured as soon.

**CASE 48.**—Oct. 16, 10 A.M. **Jane M.**, 4. (414.) Ague. Been sick a week ; complained at first of pain in the stomach ; had a convulsion soon after ; has had severe pain in the stomach ever since ; screams out occasionally, and is groaning constantly ; has taken an infusion of Poplar Bark, and some Castor Oil, since which has had five or six dark and light colored changeable stools ; complained before the fit of being cold, chilly with trembling ; so almost all the time since ; can't get warm ; jerking and twitching of the eyelids ; eyes look unnatural ; no appetite ; very thirsty ; wanted to drink a great deal, but now wants it all the time, and yet drinks only a little ; skin hot ; sometimes dry and again moist ; groans in her sleep ; talks wildly ; when offered playthings or food says she "don't want them ;" pulse 125 ; no urine ; occasionally complains of her stomach ; face alternately pale and red ; sometimes pale around the nose and mouth ; holds up her hands a great deal, and they tremble very much ; doubles up forward before and during the paroxysms of stomach pain, and can't bear to be straight ; was so during the convulsions ; sometimes one cheek is a bright red and the other pale ; just waked, and cried, "I can't," "I didn't," "I won't," "I ain't a going to sing." **Cham.<sup>6</sup>**, and **Stram.<sup>6</sup>**, every hour.

Oct. 17, 1 P.M. Is sitting up; very cross; contrary. Tongue slightly coated, yellow; worries a great deal; seems very uneasy; face pale; not much heat; slept two hours at one time; stools less frequent; seems in pain, as if from griping, at times; wants to be sitting on the night chair all the time and straining; has eaten some; will rise up suddenly, cry out, and look wildly about, as if lost; wants to get off the bed; disposed to lean forward; when lying down, throws the head far back and rolls it, grating the teeth, and then draws the eyelids spasmodically together. Cont. till 6 P.M., after which Bell.<sup>6</sup>, every two hours.

Oct. 18, 10 A.M. Better. Cont.

Oct. 19, 4 P.M. Better; had only one stool; slight chill yesterday and one to-day; no heat. Cont.

Oct. 20. Better. Cont.

Oct. 21, 6 P.M. Some heat; complained of the stomach and back. Acon.<sup>6</sup>, Nux<sup>6</sup>, every two hours.

Oct. 22, 6 P.M. Well.

In this case the malaria first invaded the cerebrum, and the symptoms are developed almost wholly from that point, through the pneumogastric nerve and cerebro-spinal system, and mainly through the spinal ganglia. The source is entirely centric. When first taken, on the 9th, complained of being cold, chilly, with thirst, and drank a great deal; felt cold ever after, couldn't get warm. Soon after the chill commenced, complained of the pain in the stomach, which has persisted, and this was soon followed by the convulsion; now she screams occasionally and groans all the time. Has spasms of the muscles of the eyelids and strange look of the eyes; no appetite; thirst, but drinks only a little at a time; hot skin, alternately dry and moist; delirium; pulse 125; no urine; trembling of the hands; bends forward when the stomach aches. For these symptoms there would seem to be but one remedy, and that one Bell., and yet, in spite of pathogenesis, Cham. and Stram. are given. Now Cham. has no place here, as the disorder is from centric irritation, and Cham. is only a reflex irritant. Of Stram. little need be said, except that it is seldom needed anywhere, and certainly not here. Bell. meets all the symptoms and is besides a cerebral irritant. We have first, cold skin from general depression of nuclear action, as in concussion of the brain, then sensation of chilliness as the disorder pervades the upper portion of the spinal cord, pain in the stomach through the pneumogastric nerve, eye symptoms through the fifth nerve, urinary symptoms through sympathetic nerve and renal plexus, and trembling of the hands and finally a convulsion as it pervades the anterior spinal column and becomes an excitomotor irritant. In brief, we have disturbance of temperature through the cerebro-spinal and sympathetic systems; of the motor force, through the spinal ganglia; of the mind, from direct and reflex irritation of the neurine cells of the cerebrum, and of the stomach through the pneumogastric nerve. Bell.

should cure all this, being emphatically the centric cerebral irritant. What the cathartic medicine had to do with the amelioration of symptoms, or what the Poplar did is uncertain, but the stools were less frequent after, though there was griping, showing, if it shows anything, that Cast. oil is homœopathic to diarrœa, but too much causes griping. Cham. and Stram. were given on Saturday. Next day the symptoms were mostly cerebral, and Bell. is finally thought of. On Monday and Tuesday we have chills, and the question of malaria is settled; and also its cerebro-spinal character, as there is no heat, and so no disorder of the sympathetic system. Two days after, all the cerebral symptoms have disappeared, and only a shade of the sympathetic remains in "some heat and bad feeling in the stomach." Acon.<sup>6</sup>, 2, and Nux<sup>6</sup>, 2 every two hours, are given, and next day is well. This case was treated as simple cerebral irritation, the element of malaria being wholly ignored. Now I cannot help thinking that if Ignat.<sup>8</sup> and Ars<sup>20</sup> had been given at first, i. e. when the first prescription was made, the patient would have been well in two days. Even Nux removed the reflex symptoms remaining on the 21st, for Acon. did nothing. Was well the next day.

CASE 49.—Nov. 22. Andrew McD. (431.) Typh. intermittent. Not been well for a week; got down sick yesterday; chilly last night, with hot flashes; bones ache very bad; pain in the forehead and temples; eyes very red and skin hot, and dry mouth and lips; stretches and yawns; chilly now if in the least exposed to the air; sometimes hurts in the left chest to breathe; pain from the left axilla down to the hand; bowels regular; has taken cold; tongue red and dry in the middle; three days ago had nausea and vomited; no sweat; feet have been cold; hands and feet swollen. Ars. every hour, three hours, then every three hours.

Nov. 24. Head feels heavy and sore; some appetite; hoarse, with pressure in the lungs; hurts to cough, but not to breathe; bowels regular. Nux<sup>6</sup>, every three hours.

This patient had not been well for a week. Friday, 19th, had nausea and vomited, and Sunday was sick abed; in the night was chilly, with hot flashes, and on Monday had pain in the bones, forehead, and temples; hot skin; yawning and stretching; chilliness; chest symptoms; cold feet, &c. The malaria has no doubt been acting for some time on both the sympathetic and spinal symptoms, and three days ago through the solar plexus caused nausea and vomiting. Next, through the spinal ganglia and cord, chills and pain in the bones, yawning, &c., and through the cervical ganglia hot flashes, and through the pneumogastric nerve, pain in the head, chest, dry tongue, &c. Most if not all these symptoms may be found in Ars., and if the cerebro-spinal disorder depends upon the sympathetic system, Ars. would cure promptly. But there is too little disturbance of the sympathetic to cause symptoms, "stretching and yawning," "hurts in

left chest to breathe," "pain in the left arm;" and the negative symptom, bowels regular, indicates little sympathetic disturbance. The above spinal symptoms probably depend upon some recent irritation. The patient thinks he has taken cold. If so, the disturbance in the chest may be caused by reflex irritation from the mucous membrane of the air-passages, aggravated by that of the pneumo-gastric nerve and spinal ganglia, in which case it would have been better to alternate Puls. or Nux with the Ars. But the latter was given alone, and two days after the symptoms of the head and chest alone remained, and Nux removed them promptly, indicating that they were spinal or cerebro-spinal. Puls. alone would have cured this case; Puls. and Ars. sooner.

CASE 50.—Dec. 3, 1 P.M. Minnie S., 1. (443.) Sick five days; hot and cold by turns; head hot all the time, and cold water has been applied; some sweat; has taken two doses of Quinine of two grains each; no appetite; nausea; loose, harsh, teasing cough; moist coryza; face very red in the heat; can't sit up much; starts from sleep, and cries out; feet have been cold, and have had mustard on them; was taken at first with a diarrhoea—a greenish, watery, painless stool every hour; five stools to-day, but less green, more natural; heat followed the diarrhoea immediately; is cutting an incisor and two or three molars; has taken Paregoric to check the diarrhoea; also infusion of Sumac. Had the ague last fall, and broke it with Quinine. Is worse now every other day, or rather night; very little thirst, except in the heat; the mother has had a fever several days, and the child nurses; delirium; dyspnoea; rubs her nose; one cheek very pale, and the other very red; urine scanty, and scalds and burns; nose stuffed up, and dry at times in the heat; jerks and jumps, and tosses about. Ars., 2 glob., Cham., 3 glob., every two hours.

Dec. 6. Well.

This child nurses, and the mother has had a fever, with chills, several days. Five days ago the child was taken with a diarrhoea, chills, and heat and cold, and hot skin, alternating, and hot head all the time, and has sweat some. Taken 4 grains of Quinine and some Paregoric for the diarrhoea. Last fall an ague was suppressed by Quinine. Has doubtless taken other medicines. The result of all this medication is disorder of the sympathetic system, which is farther aggravated by its food, and the malaria and the last Quinine. The heat of the head is due to the extension of the sympathetic irritation to the cerebrum, hence the starting from sleep and delirium, and it is farther extended to the pneumo-gastric nerve, and we have dyspnoea, and gastric and catarrhal symptoms. As the sympathetic is the chief seat of the malarious and drug disorders, the others being mainly reflex or derivative, Ars. as a sympathetic irritant is patholog-

cally correct; it meets the aggravation from Quinine, and covers all the symptoms, and doubtless would have cured as soon without Cham., which meets only the reflex symptoms of the nose, cheeks, and starting from sleep. This case is a model Ars. case.

CASE 51.—Decem. 8, 9 A.M. Mrs. Andrew McD. (448.) Worked all yesterday; felt very tired at night; had pain all over; was chilly, and had heat after through the night, with great thirst, and drank a great deal; tongue nearly clean; some headache, and severe pain in the back across the hips; also a pain like labor pains in the hypogastrium every half hour; nausea; pulse natural. Acon. every hour in the heat; Puls.<sup>6</sup> every two hours.

Dec. 10., 9 A.M. Had a chill yesterday afternoon, and heat all night; chilly now, when not well covered, with great thirst; no appetite; no pain. Nux.<sup>6</sup> every two hours.

Dec. 11, 6 P.M. Pain in the forehead almost all day; no appetite; dull, heavy pains across the abdomen; whenever she drinks cold water, feels a cold spot in her stomach a long time after. Bell.<sup>6</sup> every three hours.

Dec. 12, 4 P.M. Thirst; no appetite; nausea after eating; heavy aching in the head and back to-day, also in the stomach; skin dry; burning heat alternating with cold sensation in the stomach. Ars. every two hours.

Dec. 13, 4 P.M. Better; some appetite; headache; uneasy sensation at the stomach; some thirst. Cont.

In this case we find very little disturbance of the sympathetic system. The malaria seems to be acting from the spine, hence the pains in the head, back, hips, hypogastrium, &c. The heat, and perhaps the nausea, is from extension of the irritation to the sympathetic, though it may be only a spinal symptom alternating with the labor-like pains in the lower abdomen; and when the disorder reaches the pneumogastric nerve we have thirst from hyperesthesia. Now it is not very obvious why Acon. is given in this case, especially as the pulse is undisturbed; and there is very little more indication for Puls. It has only the doubtful symptom of the night chills, and heat and pain across the hips and in the hypogastrium. All the others contraindicate it. Rhus and Nux seem to be the remedies. Acon. and Puls. were given, but probably Rhus should have been, and in alternation with some sympathetic irritant, perhaps Ars., as that has "cold feeling in the stomach after drinking," and so, for that matter, has Rhus. Two days after we have a chill in the afternoon, and a return of all the old symptoms except the pain, and there are "chills with thirst when uncovered," for which Rhus and Ars. should be given; but Nux is selected. Next day there is more disorder of the sympathetic system, and Rhus is still more

strongly indicated, but Bell. is given, although Rhus, Ars., and Nux stand directly before it; and next day we have a return of the spinal symptoms, as might have been anticipated, Bell. having about as much or little to do with the lumbar spine as Rhus has with the cervical. The sympathetic symptoms have also increased, as thirst, no appetite, nausea, and burning heat alternating with cold sensation in the stomach, all belonging to Ars. And here we would remark that this last symptom for Ars. depends upon disorder of the two systems of nerves; while for Rhus it is not alternating, but depends upon the direct irritation of the mucous membrane of the stomach, divested of epithelium, as in nursing sore mouth. The Rhus symptom, "cold sensation in the stomach after drinking," does not usually alternate with heat, and the tongue will be found to be red and look raw, as if skinned. Sulph. ac. and Nit. ac. have the same symptom from the same cause,—a skinned stomach. And finally, Ars. is very properly given, but it should now be alternated with Rhus, and given in the 80th. It certainly will not immediately remove the present symptoms in so low an attenuation. Next day there is thirst, and headache, and bad feeling in the stomach, but some appetite, indicating that the burning was from disorder of the pneumogastric nerve, and not structural disease of the mucous membrane. The patient was about her work in two or three days. The mistakes in this case probably were from taking supposed characteristic symptoms as reliable therapeutic guides, as the "heat" for Acon., "night fever" for Puls., "dull, heavy pain across the abdomen" for Bell., and "chill, when not covered, with thirst" for Nux, &c.

**CASE 52.**—James H., 7. (449.) See p. 41, Introduction.

**CASE 53.**—Dec. 15. Mrs. Peter H., 50. (455.) Reported. Has taken cold; great heat; chilly; headache; no sweat; has such a turn every two weeks, and it lasts three days. Ars. every two hours.

Here we have an ague, in which the aipyrexia is about eleven days, and the paroxysm consists only of chills, and heat, and headache—a low grade of mala-rious disorder operating feebly from the upper sympathetic system in a woman of fifty, poorly fed and hard worked, having a large family to care for, and a drunken husband. No one could mistake here.

**CASE 54.**—Dec. 22, 10 A.M. George B., 2. (459.) Has had regular chills and heat for several days past, and yesterday had a convulsion. Dr. Gardiner was called in my absence, and he said it was lung fever, and gave some medicines; has had several convulsions since; found him striking about, and clutching at his hair with both hands, and at his eyes, and nose, and teeth, and chin, and wringing his hands, shaking his left hand backwards and forwards, and drawing up and kicking out his feet; has a wild look, and spits at every one who speaks to

him, or even looks at him; grinds and grates his teeth; opens his mouth wide and thrusts out his tongue, which is red and dry; tries to talk, but his tongue is so unmanageable, he articulates nothing distinctly; face red; eyeballs rolled up, and in constant motion; rolls his head, and keeps his whole body in motion, and every minute throws himself violently backwards; general coldness of the skin; head hot; pupils slightly contracted. Stram., 4 glob., 1 dose.

Ravenous appetite for ice; chews it as he would bread or candy; bites at everything put into his mouth; is cutting teeth; gums much swollen; put a cork into his mouth, to keep him from biting his tongue, and he bit the cork in two; talks or jabbers incessantly, and the muscles of his face are in constant motion; spasmodic cough occasionally. Bell.<sup>6</sup>, 4 glob., every half hour 3 doses; then Bell.<sup>6</sup>, and Hyos.<sup>6</sup>, every hour.

11 P.M. Back very hot; great general heat; slightly conscious; has had cold wet cloths on his head all the time, but for several hours, pounded ice, without orders, and also a wet sheet, cold pack; somewhat quieter after the pack; pulse 138; discontinue the ice. Cont.

Dec. 23, 8 A.M. Pulse 128; pupils nearly natural, but light seems to hurt his eyes; occasional turns of crying and screaming; hands and feet cold; nostrils dry; right cheek intensely red, dark; no urine. Bell.<sup>6</sup> every hour.

Dec. 24, 8 A.M. Seems better, and wants to eat. Cont.

8 P.M. Has slept some this afternoon; rolls his eyes, and clenches his hands; right cheek very red; feet quite still now; no twitching; complains but little; some urine. Cham.<sup>6</sup>, 4, 1 dose, and cont. Bell.

Dec. 25, 8.30 A.M. Skin moist; moist coryza; respiration 46; pulse 132; sleeps most of the time; when awake, is constantly worrying; cough loose; feet warm; grates his teeth; one cheek red; pupils nearly natural; very cross, and scolds when touched; irritable; one stool. Cham.<sup>6</sup>, 2 every hour.

10 A.M. Very hoarse; sleeps quietly almost all the time; respiration 40. Cont.

8 P.M. One stool; more urine; hoarse; worries and frets, and seems in pain; gums red, and swollen; cutting the right bicuspid. Bell.<sup>6</sup> every hour.

Dec. 26, 8 A.M. Fretful; skin too warm; feet and hands hot; don't like to be touched or moved; eyes appear natural; pulse 128; respiration 40; hoarse; one stool; when awake, complains some; sleeps well; very drowsy. Cont.

6.30 P.M. Pulse 126; respiration 50; grates his teeth; hoarse; rattling respiration; cries some on awaking. Cham.<sup>6</sup>, 5 glob.

One large, yellow, slimy stool, and one brown, with a fecal smell, and some undigested apple in it; when taken up suddenly, seems afraid of falling. Cham.<sup>6</sup> 4 every hour.

12 P.M. Been quiet. Cont.

Dec. 27, 9 A.M. Quiet through the night; two thin, yellowish-brown, sour-smelling stools; sweat in the night; pulse 104; respiration 42. Cont.

3 P.M. A little better. Cont.

7 P.M. Turns his head from right to left, and left to right, back, and forth, when sitting up, so rapidly, that we can hardly see his face, and won't stop; rolls it in the same way, when lying down on his back; seems to have the earache; is subject to it; hoarse; hurts to cough; eye appears better; has eaten an apple or two; cut the gums; was very restless for awhile after but got easier. Merc. 4 every two hours.

Dec. 28, 9 A.M. Respiration 34; has slept some, and sweat; is asleep now. Cont.

12 M. Waked up crying; is sweating; hoarse cough that hurts very much; one cheek red; very fretful and cross; snarls and yells, when touched. Phos., 4 glob., and repeat in an hour, then every two hours.

8 P.M. Cries a great deal, and acts as if he had the earache. Puls.<sup>6</sup>, Phos., every hour.

Dec. 29, 9 A.M. Better every way this morning; slept all night. Cont.

8 P.M. Better every way. Cont.

Dec. 31. Better. Cont.

Jan. 3, 1853. Stools are whitish or clay-colored, and two a day; heat occasionally. Acon. in the heat, Merc., 2 glob., every two hours.

It might be a mooted question, whether this case should not be classed with diseases of the brain; but I have little hesitation in introducing it as a malarious disease, and for two reasons, principally, 1st, the patient has always lived in

a malarious district; and 2d, he had the ague in April, and regular chills and heat a week or two before this attack, for which he was treated hydropathically, with baths of various kinds, and wet sheet packs, and dry packs, and all sorts of packs and bandages, till Monday, when he had a convulsion; I was absent, and a botanic or root doctor was called in, who pronounced the disease lung fever, and left some medicine and went away; since that has had several convulsions. There is now at 10 A.M., Tuesday, every indication of one, and they say, it is near the time for another. Before any farther examination is made, Stram. is given. But in a case like this, no time should be lost.

The brain at any moment may suffer irreparable injury; all the symptoms belong to Bell., and no time should be spent on Stram.; all the symptoms are centric, directly from cerebral irritation; the cough through the pneumogastric, the chewing motion through the inferior maxillary nerve, the various facial symptoms through other branches of the fifth nerve. All the cerebral nerves are more or less disordered at their origin; even the reflex irritation of the teeth only aggravates the centric disorder; it is an aggravated case of malarious cerebral irritation. Bell. is alternated with Hyos., but the last is useless. Bell.<sup>6</sup> and Bell.<sup>30</sup> should be alternated every hour.

At 11 P.M. there is some improvement, and the skin is not only not cold, but there is great heat; cold wet compresses were ordered to the head, but ice was substituted without authority. The application of ice to the head is of more than doubtful propriety; it is wrong and even dangerous. Many a brain has been, not merely injured, but destroyed by the application of pounded ice to the head; it should never be done. No person in his senses can bear such an application long, and if he is unconscious or delirious, he can give no warning of the danger; let any adult, no matter how strong and healthy, apply a bladder half filled with pounded ice, to his head, and try how long he can bear it. He will soon learn what is meant by the tortures of the Inquisition.

The physician, who has ordered the remedy, or rather directed the inhuman application three or four times, and not seen any mischief come of it, has not common powers of observation, and had better hire himself out to skin live eels, as he is never likely to learn anything from his own experience. The wet sheet pack was permitted, and was reported to have quieted the patient, and I can well believe it, though I always take such statements under such circumstances, with many grains of allowance. It is well to leave a large margin in the statements of amateur practitioners, whether allopathic, homeopathic, or hydro-pathic. I have no doubt that the "water treatment" the patient has received, during the last two weeks, has had much to do with the present condition of the brain in this case. This morning it was quite impossible to ascertain the frequency of the pulse; it is now 138, and the respiration has been, and is still so singular on account of the spasms of the muscles, that no satisfactory count could or can be made. Bell. is given with Hyos. The next morning, at 8, seems better, but there is no urine, and no one seems to know when he passed any; this secretion should be closely watched in brain disease. Bell.<sup>6</sup> is now given alone every hour; should be Bell.<sup>30</sup> every two hours. The next morning is still better and wants to eat; in the evening the spasms, except of the muscles, of the eyeballs and hands have disappeared; has slept some, and is quiet and passed a little urine. A dose of Cham. is given; why? Bell. is continued. Friday morning, secretion is resumed; skin and nostrils are moist, cough loose, and there has

been one stool; is very irritable and pulse frequent, and Cham. is given probably for the red cheeks. Bell.<sup>50</sup> and Merc. should be given now every two hours. Bell. has been given too low for thirty-six hours past; in the course of the day, there is hoarseness from relaxation of the laryngeal muscles, and increased secretion from the mucous membrane of the larynx. At 8 P.M. Bell.<sup>6</sup> is resumed, as the symptoms for which Cham. was given have not changed; and here I may as well say, that the pathogenesis of Cham. indicates that its action is excitomotor, and mostly reflex, if not altogether, and that from the sensitive nerves at the periphery; hence its clinical use in some forms of hysteria, in the passage of biliary and urinary calculi, and in spasms from teething; it may be doubted, however, if it ever produced a convulsion in any dose; if it ever affects the brain, it must be indirectly; Merc. should be given with Bell. here; the glandular system has been disordered, and Bell. cannot reach it. Merc. could.

Saturday is still fretful, with little change of symptoms, except that in the afternoon there is a greatly increased secretion of mucus in the lungs, and two stools, one undigested, and when he was taken up, seemed afraid of falling; this last symptom does not seem to have its equivalent in the vertigo of adults; the precise symptom is, when the child is raised up from a reclining position, or when laid down, if great care is not taken, and the movement slowly made, it starts suddenly, springs upward, and screams, as if left without support, and actually falling to the floor; and no doubt it thinks that such is the fact; the precise pathological significance is uncertain; phrenologically it indicates disorder of the organ of weight situated above and behind the orbit; in any case the fault is somewhere in the brain. Cham.<sup>6</sup> is continued, no one knows why, till next day, Sunday, at 7 P.M., when the head symptoms seem to be returning, and the stools are watery, and Merc. is finally given; had it been given before, it would have prevented this state of things; it should be alternated with Bell. even now; on Monday he is better, but it hurts to cough; it is quite a question now, what is the condition of the lungs; it is probably a bronchitis, and if so, Phos., which was given, is not the remedy; it is difficult diagnosing, as the child can't be touched and hardly looked at; so percussion, auscultation, or even feeling the pulse is out of the question; it may be that it hurts the ear to cough, though it seems to be the lungs; if it is a bronchial affection, and more especially if connected with the earache as it may be, Puls. is the remedy; Puls. and Phos. are given, and next day is much better, having slept all night; the medicines were continued at longer intervals till the 3d of January, but if Merc. had been given with Puls. instead of Phos., we should not now have "white or clay-colored stools, and heat;" Acon. is now given with Merc., for the heat probably, but is not necessary, as Merc. is sufficient now, and four days after the patient is well. This case was greatly protracted by the blundering, stupid treatment.

CASE 55.—Dec. 24, 10 A.M. Charley W., 5. (460.) Taken cold; sick several days; thirst; no heat in the daytime; great heat in the night; is cold this morning, as usual; moist coryza; eyes red and watery; constipation; head hot; tongue coated yellow. Bell.<sup>6</sup> every two hours.

Here we have what seems a common cold; but the regular morning coldness and night heat indicates malaria as the predisposing cause of the disorder, and the great heat in the night points to the locality from which it acts. The thirst and yellow-coated tongue indicate disorder of the pneumogastric nerve. Bell. cured this disorder promptly, as it was confined to the upper portion of the sympathetic and cerebro-spinal systems, where Bell. acts specifically. I shall expect it to return, however, as the specific remedies in this case are Puls. and Ars.

CASE 56.—Freddy W., 2½ mos. (464.) See page 42, Introduction.

CASE 57.—Willie D., 2. (471.) Ague. See page 42, Introduction.

CASE 58.—Jan. 8, 1858, 4 P.M. Mahlon D.C., 36. (473.) Has felt chilly several days, and took Ars. Day before yesterday, when he first got up in the morning, his muscles were sore as if beaten. Is weak, sensation of chilliness, with blue nails and numb fingers, at 3 A.M.; then sweat profusely till morning. Last night it commenced at 12 o'clock, and this morning has taken two grains of Quinine. Not much heat to-day; wants to drink, but says that he is not thirsty; nasty taste in the mouth; dry tickling in the larynx; bowels regular; urine high-colored; sweat smells strong; slight pain in the head; heat day before yesterday; heavy feeling in the head; tongue bright red at the point. Nux<sup>o</sup> every two hours.

Jan. 6, 12 M. Heat day before yesterday; heavy feeling in the head; tongue bright red at the point; yesterday afternoon, before the heat, was chilly, and finger-nails blue, and had thirst in the sweat. Thought he would like to try a trituration of Nux, with common salt. Took grain doses of the second every two to four hours. Cured in one week. Had the most excessive sweating, stinking, and exhausting all the time, and this sweat, which continued after the chills and heat ceased, yielded to a few doses of Carb. veg.<sup>6</sup>

This patient is a homœopathic physician, and has been overtaxing himself, treating, among other cases, several of typhoid fever. Had been feeling the chills more than a week, but could not spend time to lie by and treat himself, though getting weaker and weaker every day. Was taking Ars.<sup>3</sup> all the time. Day before yesterday was sore all over. Besides the general chilliness, has had a regular paroxysm about 8 every morning, with blue nails, numb fingers, and

heat after, followed by profuse sweat. Last night it was earlier, and at 7 A.M. took two grains of Quinine, which, taken after the heat, is too much or too little; should have been taken in the chill. Is very weak now, 1 P.M., and can't sit up at all. His face is pale, and he has a cadaverous look. Has been sponged, and bathed, and rubbed, but all to no purpose, and is not strong enough now to bear it. Everything about him is literally drenched with sweat, and has to be changed several times during the paroxysm.

The malaria in this case made its first attack on the spinal system, and extended to the sympathetic. The posterior spinal column was most affected; hence the persistent chilliness and the muscular soreness. He "wants to drink, but says he is not thirsty." This symptom is from disorder of the pneumogastric, on the one hand, and the drain of the water from the organism by the sweat, on the other. The tickling in the larynx and bad taste are through the pneumogastric. Took Nux, but it is not sufficient. Should have been alternated with Merc. one day, and Ars.<sup>20</sup> the next. Three days after, we find the chill in the afternoon, followed by heat, and that by profuse sweat, with thirst. Wants to try Nux triturated with common salt. Took it for a week, and nothing was left except a skeleton sweating profusely. Carb. veg. seems to have stopped the sweat. Had he taken five grains of Quinine instead of two, and taken them when the nails were yet blue, the chills would have been arrested, and meantime he could have been treated rationally; but two grains after the heat could only aggravate. If it lessened the chills, it would increase the heat and sweat.

What the second trituration of Nux and common salt had to do with the cure is an open question. Dr. F. Humphrey, of Utica, N. Y., had in the August No. of the N. A. Journal of Homœopathy for 1852, lauded the mixture highly. His formula was Nux button-filed, 8 to 5 grains; Purified Common Salt, 100 grains. Triturate two hours for the first and second; one grain of the third every night, called "Nux in sale." He gives sixteen cases of cure. It seems to have been a humbug, or the "salt lost its savor" in other hands.

**CASE 59.—Jan. 3, 11 A.M. Willie S., 8. (474.)** Typhoid intermittent. Has turns of headache in the night, with red face; diarrhœa; no sweat; good appetite. Has taken only Acon. Cont.

Jan. 9, 1 P.M. Great heat last night, with muttering delirium; talked about everything as he lay dozing; very irritable and fretful; can't bear the least contradiction. Diarrhœa continues. Rhus every two hours.

Jan. 10, 10 A.M. Worse; diarrhœa worse. Merc. and Rhus<sup>6</sup> every two hours.

Jan. 11, 10 A.M. Hungry; no diarrhœa. Convalescent. Cont. at long intervals.

This patient has a turn of headache every night, with red face, &c., for which Bell. should have been given, followed by Rhus; Acon., however, is continued, as an aunt, who is a sort of amateur doctor, has been giving it for several days

without effect. The father and brother of this boy are lying sick in the same room. They have typhoid fever, and I told the doctress that I feared that the boy might have it. Six days after, was worse; had great heat; muttering delirium all night, and other brain symptoms, and I was requested by the doctress to prescribe. Premising that the typhoid condition was now the specific disorder, I gave Rhus alone, as Bell. did not seem indispensable, and Bry. was not needed, as there was diarrhoea. Bry. and Merc. are better here. Diarrhoea is worse next day, and Merc. and Rhus are given; perhaps Merc. would have answered alone, but it is safer to give both.

**CASE 60.—Jan. 3, 11 A.M. Mary S., 6. (475.)** Typhoid intermittent. Has had heat and chilly feelings every day, regularly, for two weeks; lips parched; some appetite the last two days; tongue clean, red, and moist; throat sore; thinks she took cold; been under the care of Dr. C. (who is sick), and taking Ars. Cont.

This patient was taken about the time her father (Case 61) was, and has been lying in the same house, and till yesterday in the same room with him, in which also is a sick brother. Has complained every day of being chilly, or hot, or both; lips are parched; tongue clean, red, and now moist, but has been dry. Been taking Ars. all the time. Some appetite since yesterday. I incline to think that Rhus would have been better than Ars. in this case, as there are three in the family now sick with typhoid fever, and two have been cured previously. As the doctor had prescribed it before he was sick himself, it was continued, and the patient was well in a few days.

I am aware that Rhus has lately been discredited as a remedy in typhoid fever, but I think without sufficient reason. I have always given it, and never had reason to regret trusting to it.

No doubt Ars. is the true homœopathic remedy in some cases, and then should be used. It will be long, I apprehend, before it will displace Rhus. We often hear it said, "The patient got well, and that is all we want." But it is not sufficient that the patient recovers; the means should always be adapted to the end sought, and not only so, but, if possible, the very best means exactly adapted to the case, and that cannot be unless the medicine is homœopathic in every sense. It is not exactly satisfactory, though a recovery does follow the use of a non-homœopathic drug.

**CASE 61.—Jan. 3, 11.30 A.M. Erastus S., 42. (476.)** Typhoid fever. Has been sick two weeks, but gave up, and took to his bed only five days ago; some expectoration; generally has more or less cough in the winter; tongue moist and coated white, sometimes dry; pulse 92; heat irregular; abdomen bloated; diarrhoea, aggravated by eating, drinking, or motion; heavy feeling at the stomach; feet cold at night, and can hardly get them warm; irregular chills; nausea at first, and could not

rise up without fainting; pain in the back and top of the head, and in the back this morning; nostrils dry; three or four stools every twenty-four hours; can't drink enough; bitter taste; sleepless; one cheek red at a time. Bry. and Cham. every two hours.

Jan. 4, 1 P.M. Some pain in the head, and noise hurts; less heat; twelve stools to-day; drink distresses him; says he can hear it rumbling down through the bowels immediately; some straining after stool; a great deal of griping last night; warm water feels cold to him; can eat, but has no appetite; dry cough; tongue dry and coated white; has had yellowish-green, scanty stools for four weeks; abdomen tympanitic. Phos. ac., Sulph. every three hours.

Jan. 6, 4 P.M. Feet have been warmer; only five stools since yesterday; a little headache; skin dry; tongue dryish; clean towards the point and red; foul breath; nose red; slept better last night than any night before in four weeks. Cont.

Jan. 7, 4 P.M. Five or six stools, not as green, but watery and offensive; straining; less heat and thirst; some headache; no appetite; tongue red and dry at the point, and coated white back towards the root, and cracked or fissured, but does not bleed; feet cold since yesterday afternoon; restless through the night; pulse 96; respiration 18; diarrhoea aggravated by eating or drinking; wants to get up immediately he swallows anything. Rhus<sup>6</sup> every three hours; Phos. ac. after every stool.

Jan. 8, 4 P.M. Eight stools, scanty, thin, watery, yellowish, slightly green, and offensive; feet been warm since 8 last night; pulse 88; didn't sleep much; less headache; had hot wet compresses on the bowels; less tenesmus; no appetite; tongue red and coated, and very red at the point, and in part moist; thirsty; immediately after drinking there is rumbling in the abdomen; don't want anything but cold water, or milk and water; stools flocculent; cough. Cont.

Jan. 9, 1 P.M. Eight stools, nearly the same as yesterday; less straining; can swallow now; less heat, but had a paroxysm at 10 A.M.; tongue is moist, but feels dry in the mouth; rests very well; talked about burning in his sleep; less heat; pulse 82; feet not as cold; seems to have two paroxysms of heat

every day, one in the forenoon and one in the evening; tongue sore. Cont. every two hours.

Jan. 10, 11 A.M. Rested better last night; eight stools, last two not as watery, and less offensive; tongue has a thick, yellow coat, and is dry, red, and cracked; mouth very dry; called for apple and lemon yesterday afternoon; thirsty; but nothing seems cold enough for him; pulse 82; only one stool in the night; less heat; says his mouth tastes bad; feet warmer; dry, harsh cough. Cham. every two hours till 8 P.M., then cont. as before.

Jan. 11, 12 M. Rested well; four stools; less offensive; asks for fresh fish; tongue moist, but mouth feels dry; less heat; pulse 82; feet warmer. Cont.

Jan. 12, 12 M. Better; less faintness at stool; feet warm; mouth feels moist; no delirium; some appetite; two stools. Turned over the whole family to Dr. C., who is well enough to visit them again. All recovered without farther trouble.

This patient had diarrhoea a long time. For more than two weeks has been unable to do anything except help nurse the sick children, and last Wednesday took to his bed. Has some cough, but is subject to that. There is in most cases of typhoid fever in this section a hacking cough. Has taken some medicine, but had no steady treatment. Has some expectoration with the cough, and the pulse is only 92; so no serious disorder of the lungs is to be apprehended, though there are red spots on the cheeks, and two paroxysms of heat every day.

The functional processes are all greatly depressed, and the diarrhoea seems rather a leakage than from normal excretion, a passive drainage rather than expulsion. In proof, we have only to note that the food passes almost unchanged, and what he drinks or eats runs gurgling and rumbling through the canal, and is followed almost immediately by a stool. Then there are the irregular heat and chills, cold feet, alternately moist and dry tongue, dry nostrils, and excessive thirst and nausea with faintings on rising, all measurably without pain, indicating great depression of nuclear or vital action. The posterior spinal column, the cerebellum, pneumogastric nerve, and sympathetic system generally are most disordered. Secretion is virtually suspended, the urinary apparatus alone being undisturbed; and for all this Bry. and Cham. are given, neither of which are at all homœopathic. Cham. was probably for the red cheeks and diarrhoea, and Bry. for the chest symptoms.

Rhus and Ars.<sup>30</sup>, Rbus and Merc.<sup>30</sup>, or even Ars. alone, are the medicines; and had either been given, we should not the next day find the patient worse, with aggravation of the brain symptoms and diarrhoea, twelve stools instead of four. Drink distresses his stomach, and runs rumbling through the bowels with griping, followed by straining; warm water feels cold, always a bad symptom; cough is dry, and abdomen much bloated. Phos. ac. and Sulph. are now given, but neither are really homœopathic.

The sulphur, probably, for the dry cough, or anything else that may chance to turn up, and the acid for the diarrhoea with rumbling, which is not so bad a prescription as the sulphur, though the griping, and pain, and straining contraindicate it. The prescription might probably have been worse and very easily better. *Rhus* and *Ars.*<sup>20</sup>, or *Rhus* and *Merc.*<sup>20</sup>, are the remedies still. On the 6th, two days after, we find a slight improvement, yet very little of it should be credited to the medicines, and yet they are continued, and next day we are better able to judge of what the medicines have done or may do.

The diarrhoea is worse than it was four days ago. There are green, watery, offensive stools, with straining and aggravation after eating and drinking. Cold feet, tongue red, dry, and pointed and cracked, and can't swallow well, and *Phos. ac.* is given after each stool, and *Rhus.*<sup>6</sup> every two hours. It should have been *Ars.*<sup>20</sup> and *Rhus*, though *Rhus* and *Merc.*<sup>20</sup> would be well, or *Rhus* and *Ars.*<sup>20</sup> might be given every two or three hours, and *Merc.*<sup>20</sup>, 6 glob. after each stool.

On the 8th there is a little easing up of the symptoms. Pulse less frequent and stools flocculent. Query. Flocculent stools are characteristic of *Phos. ac.* Did the acid cause them? Next day, can swallow again. Less heat, and that is assuming an intermittent form. On the 10th is better, and *Cham.* is given; because, perhaps, the tongue is dry and cracked. The delirium is passing away, and on the 12th there is none, and the appetite is coming. The restlessness, delirium, and diarrhoea were the most prominent symptoms in the case, and the treatment may be characterized as eminently blundering from first to last.

**CASE 62.—Jan. 3, 11.30 A.M. Lewis S., 11. (477.) Typhoid fever.** Sick ten days; bad diarrhoea and pain in the head; some now; three or four stools in twenty-four hours, with griping, and cutting and aching pain in the bowels; pain before and during stool; stools thin, watery, and yellow; thirsty; abdomen tympanitic; can scarcely drink enough to satisfy him; tongue dry, with dark yellow coating, and is very red, and pointed, and contracted; sleepless; one cheek red and the other pale; very quiet. *Bry.* and *Merc.* every two hours.

Jan. 4, 1 P.M. Three or four stools a day; heat in the afternoon; ulcers on the tongue; drinks a great deal; headache and cold feet; watery, yellow stools; dry skin; says his back is cold; legs cold, and knees very cold; is stupid. Cont.

Jan. 6, 4 P.M. Only one stool, with griping, but less watery; a great deal of heat at times, but wants more covering than at other times; skin dry now, and cool or cold all over; headache in the heat; pulse 100; dry, hoarse cough; very thirsty; under lip sore; no appetite; tongue red, with dark yellow coating; some pain in the bowels and head; abdomen tympanitic. *Phos. ac.*, 4 doses, and cont. *Bry.* and *Merc.*

Jan. 7, 4 P.M. Restless in the night, but rather dozy and stupid; when spoken to, did not seem to want to stir or answer; groans, and says his belly aches. Applied warm compresses, and in a few minutes is relieved.

The first part of the night complained of his head; had a great deal of heat; three watery, flocculent stools with griping before; pulse same; teasing cough; bowels somewhat tender and bloated; complains of pain in the back. Nux and Merc. every two hours.

Jan. 8, 4 P.M. Watery, greenish-yellow stools, four in all; feet cold; face pale; lips dry, black, and indented; tongue red and nearly clean, but moist, and papillæ enlarged; some cough. Rhus and Merc. every two hours.

Jan. 9, 1 P.M. Sleeps more in the daytime than in the night. Abdomen tympanitic last night, and a wet hot compress was put on it, and a large quantity of urine was passed, not very high-colored; the heat subsided soon after; complains of his head now; slight heat; lips more natural; pulse 96. Cont.

Jan. 10, 11 A.M. Less thirst; three greenish, watery, very offensive stools, with some griping; cheeks red; extremities cold; lips black; tongue nearly natural color; slight delirium in the night; no appetite, and not inclined to drink or even speak; has been cold only once, and that was after drinking in the night; headache; drinks all that is offered him whenever he does drink. Cham., 4 glob., four doses, and cont. Rhus and Merc.

Jan. 11, 12 M. Three stools; don't ask to get up at all; stupid in the night, but slept more, though that is not much; stools watery and flocculent; abdomen not bloated, but he says it is sore. Don't call for drink any more, but greedily swallows all that is offered him; feet cold; skin cool and bluish; languid circulation; general heat last night, but the feet were cold; pulse 100; tongue dryish and clean, but covered with enlarged papillæ-like blisters of the size of a mustard-seed; lips black and indented with scabs; some heat the first part of the night; does not sleep sound. Veratr. and Rhus every two hours.

Jan. 12, 1 P.M. Has eaten some corn-starch and flour-gruel; asked for it, and for water in the night; feet warmer; one

stool; urine profuse; skin warm; rather stupid; pulse 93; lips full and red; tongue pale; aphthæ in the mouth; some cough in the night. Sulph., 4 glob., at 6 P.M., and cont. as before.

This patient has been sick ten days with watery, yellow stools, griping pain in the head and bowels, thirst, bloated abdomen, &c. There have been five persons sick with fever in the room where he now lies, in the last five or six weeks, besides himself, and there has been very little difference in the symptoms except in degree. The symptoms in this case are rather more grave than in any other. On the 8d, the symptoms are all aggravated. The tongue especially became dark red, and pointed, and shrunken, like a root suddenly dried and shrivelled; wrinkled. Bry. and Merc. are given, when it should be Rhus and Ars.<sup>20</sup> There is too much disorder of the bowels for Bry.; but no medicine can make, at this stage of the disorder, any perceptible change, unless in the bowels, short of two or three days. Tuesday, the 4th, there is still greater depression of nuclear action. Legs and knees are cold, and says his back is cold, and yet there is more general heat than yesterday, and his back is not cold. Two days after is better of the diarrhoea, but there is great and unequal heat, and at the same time great sensitiveness of the skin to cool air, and when exposed it becomes cold and very dry immediately. Has a dry, hoarse cough, great thirst, darker tongue, bloated abdomen, &c. All indicating increasing disorder of the posterior spinal column, pneumogastric nerve, and sympathetic system generally. Phos. ac. is given, four doses, and then medicine continued as before. Should be Rhus and Ars.<sup>20</sup> every two hours. Phos. ac. is contraindicated by the pain.

On the 7th complains of pain in the bowels, and yet is very stupid and dozing all the time. Hot wet compresses relieved the bowels somewhat, and are generally admissible. Abdomen is tympanitic and tender to pressure. Has been bloated all the time. There has been a good deal of heat, and Nux and Merc. are given. Now, though Nux is not the worst, it is by no means the best remedy. Should be Rhus and Ars.<sup>20</sup> On the 8th is better in some respects, but the symptoms most indicating Rhus have become more marked. The black indented lips, great depression of nuclear action, and decreasing function call for it. And Rhus and Merc. are given. On the next night we find him better. Had hot wet compresses on the abdomen in the night, and passed a large quantity of clear urine, which of course must have been recently collected, and so we learn that secretion is being resumed. The abdomen is not bloated; lips are cleaning; pulse less frequent; very little heat, and is more quiet. From this time to the 12th the improvement is gradual. Medicine was continued, but on the 10th he had four doses of Cham., demanded by the red cheeks, which can seldom be denied. And he had Veratr. on the 11th, for irregular heat and partial or local coldness of the skin, in place of Merc. If it was not that, it was to keep the Cham. in countenance. Had it been Ars. or Lachesis, I could have said, very well, it should have been given long ago. The next day he asked for food, and had a gruel made of wheat-flour and corn-starch. The first is well enough, but the last is a negative in dietetics, and it is an imposition to offer it as food. Milk porridge, gruels of wheat-flour, oatmeal, barley, or corn-meal, bread, crackers, meat-broths, or tapioca, are all good in their place, but no starch inside for me. A dose of Sulphur was thrown in at the last, and the

patient turned back upon Dr. C. I cannot say what the sulphur was for, unless to leave a clear field for the new doctor. No change, however, is made in the treatment. Rhus and Veratr. finished the disease, and the boy was about in a few days. In looking over the Cases 59, 60, 61, 62, one cannot fail to be impressed with the similarity of the symptoms, and the question of a common cause is at once suggested. Is it malarious? Case 60 is recorded as an ague, and due to malaria, and yet it has really no more claim to such a distinction than 59.

The diseases of the whole country west of Lake Michigan were all originally malarious. If anything happened to a person that seriously disturbed the organism, it was directly followed by chills, and heat, and sweat. Even breaking a limb was no exception. But for a number of years there had been much improvement. Agues proper have not constituted any very considerable portion of the sickness, with the exception of a year or two every seven or eight. The locality in this case is not at all objectionable, being on a bluff more than 200 feet above the river, and a fourth of a mile away. Within fifty feet, however, of the house, there is a deep natural depression, from some leakage in the limestone rock below. It is now merely a water-tight basin, about fifty yards long and thirty wide, and in the bottom is a stagnant pool, something less in size, and never less than two or three feet deep, while early in the spring it is said to be ten or fifteen. In the first part of summer it dries down to three feet, and sometimes to two, but varies according to the amount of the rain-fall; and in the summer, when the water is warm, the boys use it for rafting and boating purposes, and keep it pretty well stirred up. There has been more sickness immediately about this pond than in any other part of the city of eight times the extent, and two-thirds of the inhabitants live at least one hundred feet lower and nearer the river; besides, the cases in its vicinity are all of this same character, and the presumption is, that a peculiar and specific malaria is produced in this cesspool, and these cases are typhoid intermittents.

There are no continued fevers in Northern Illinois, unless it may be in Chicago, at least I never met with one in a thirty-three years' practice; they were all intermittent and remittent, and it was sometimes very difficult to tell which. And if tenderness on pressure in the right inguinal region be really and truly a pathognomonic sign of typhoid fever, as many writers would have us believe, one might feel till his fingers were sore for a case in Northern Illinois. I have always examined carefully, and searched diligently for the soreness, and sometimes have found something like it, but I cannot say that I ever saw any other difference between these and certain other cases where it did not exist; and I have quite as often detected the same soreness where there were no so-called typhoid symptoms whatever. It is worthy of note here that there were several deaths in the immediate vicinity, from this same form of disease, during the time this family was sick. They were treated with cathartics, emetics, alternatives, sedatives, stimulants, laxatives, aperients, sudorifics, tonics, quinine, &c., &c.

As for the last medicine, it has always acted as a deadly poison in this form of fever, and very few ever recovered after taking it in the 10, 15, and 20 grain doses, with which many physicians in this section formerly combated intermittent and remittent fevers so successfully. The practice of one class of doctors was the old system, described above, and of the other to give 10 to 20

grains at a dose, and one or two doses as near the beginning of the heat as possible in agues, and as near the end of the remission in remittent fevers as possible, and then await the result. There was usually no recurrence of the paroxysm after, at least, for one or two weeks. But after diligent inquiry I never could get satisfactory evidence of the recovery of any patient after such treatment, where the disease was unmistakably typhoid, whether there was, or was not tenderness in the ileum; the practice of giving such massive doses of Quinine, and only near the beginning of the hot stage, was introduced into Northern Illinois by a Dr. Richards, who claimed it as his own idea; but it was reported that he brought it from Michigan, where it was practiced much earlier. It was no new thing to me, for as early as 1880, I took 60 grains at one dose at the beginning of the heat, for a double quotidian, and had no more for two years; but the ringing in my ears has never ceased, and never will, while the blood circulates; very many adopted the practice, because it was a short method, and most people liked it; the majority followed the old practice; the doses were, however, much too large, unnecessarily so. There can be no question of the propriety of giving the drug at the end of the chill, or beginning of the heat, and the superiority of the practice, over that of giving it in any dose during the apyrexia or remission. Five grains at that time is sufficient in all uncomplicated malarious intermittents or remittents, and in the complicated it usually modifies or arrests the paroxysms for a week or two; where there is, however, disease of the liver or spleen, it is likely to aggravate.

CASE 63.—Jan. 4, 10 A.M. Thomas W., 1½. (480.) Three days ago was taken in the morning with vomiting and purging; has eaten nothing since; this morning early had a chill followed by heat and thirst; seems to have had a chill, or something of the kind every morning; vomits every time that he drinks; can't keep anything down; yellow watery stools, and passed a large worm this morning; is stupid almost all the time; cutting teeth; tongue white or pale, and clean yesterday; coated a little to-day; had no heat till to-day; jerked and twitched, and jerked again in the chill to-day, and grated his teeth. Cina and Merc., 2 glob., every two hours.

In this case the centric disorder of the malaria is developed by the intestinal irritation and that of teething, but for two days it is confined mostly to the sympathetic system, and pneumogastric nerve; to-day it reached the spinal, and we have a distinct chill with the same vomiting and purging as before, and the motor system is especially disordered, hence the jerking and twitching; Cina is a cerebro-sympathetic and excito-motor irritant; like Cham. its action is mostly reflex, though it may be centric; it is the remedy here independent of the worm. Merc. is right; had no more trouble; the vomiting here is a reflex spinal symptom in place of spasm.

CASE 64.—Jan. 7, 10 A.M. Mary V., 14 mos. (483.) Taken

with a chill, and great heat after; vomited milk curds; respiration very irregular, frequent, and labored, almost stertorous, starts from sleep, throws up her arms and cries out; cutting teeth; ate apples to-day; bowels nearly natural; very thirsty; dry cough; puts her hands to her head; sweat on the scalp; restless and constantly complaining; nausea after drinking. Cham., 2 glob., every hour.

Jan. 8, 10 A.M. Better. Cont.

Jan. 9. Better, and in the evening well.

Here the malaria is located in the base of the brain, and the chill and heat are from extension of the disorder to the upper spinal and sympathetic systems; the immediate exciting cause is the apple in the stomach; the symptoms are all from simple irritation, merely disordered function, and mainly reflex. Cham. stands high in the class of reflex cerebro-sympathetic irritants if not at the head, especially in children, and is very well; two days after the patient is well. Perhaps the 6th, or 12th, or even 80th attenuation would do more. There may be some question whether malaria had anything to do with this case; but such attacks, however slight, if neglected, usually develop into agues or remittent fevers. In non-malarious districts a chill is not usually followed by persistent heat. See Case 68.

CASE 65.—Jan. 10, 11 A.M. Calista S., 4. (486.) Typhoid intermittent. Heat with chills for two weeks; lips parched; some appetite; the last three days has had a loose, harsh, rattling cough, almost constant, with smarting in the throat. Five members of the family are now sick in the house with typh. fever; has a chill every day. Ignat., 4 glob., every two hours.

Jan. 11, 12 M. Better. Cont.

Jan. 12. Well.

Here is another case, in the same family as 59 to 62. Has been treated homeopathically, and is not nearly as bad as 61 or 62, though the symptoms have been similar; had pointed, red tongue, fetid breath, great weakness, diarrhoea, &c., and chills and heat every day for two weeks; had Bry. and Rhus, every two or three hours all the time and nothing else, and seemed to be doing well till night before last, when she was taken suddenly with the loose cough; it is teasing and persistent, and so constant, that she has not been able to sleep; seems to be spasmodic and occurs in paroxysms every two or three minutes at the most; don't seem to be better or worse for anything.

It evidently depends upon malarious irritation of the excito-motor system. Nux and Ignat. are only to be thought of here; but the suddenness of the invasion, the excessive activity of the respiratory muscles, and the limitation of the disorder to that system, contraindicate Nux; Nux might cause a cough like this reflexly, from disorder of the stomach through the sympathetic system,

but there would be more general disorder; and besides, this irritation is manifestly centric, as may be inferred from its persistence. Ignat. cured it in two days.

CASE 66.—Jan. 15. Francis M., 36. (488.) Been sick four years; has regular chills, mostly in the evening; no appetite the last six weeks; general *malaise*; pain in the stomach and hypochondria, with tenderness on pressure; nausea in the morning; can't lie long in one position; worst when lying on his back; seems then as if his bowels were all in an uproar; jerking, throbbing pain in the side, with aching in the stomach; food distresses him; milk acts as physic; if he labors any, he trembles all over, with cold sweat and palpitation of the heart; has the night mare often; pain in the forehead; dizzy; gets blind in the morning, with nausea and sensation of falling; general aggravation in the morning; cold feet and hands, with backache and terrible pain across the epigastrium; ameliorated by sweating; has taken laxative pills every day for a year past; so costive he dare not trust his bowels without; is worst in warm weather; in the morning mouth feels hot and dry, with bad taste; took Jayne's medicines last spring with some, but not lasting benefit; inside of the hands dry and husky all the time; easily chilled; can't sleep at all, unless his head is raised very high; flashes of light and sparks before his eyes; the palpitation of the heart is getting worse; sometimes is hungry as a dog; colic and griping occasionally; dull; irritable; hypochondriacal; very red face. Has taken a great deal of blue pill. Nux<sup>6</sup> 4 every four hours.

Jan. 28. Better. Cont.

Feb. 12. Thinks he won't need any more medicine, as he is well enough to work some; no chills in a long time.

Feb. 20, 4 P.M. Last week was taken with a terrible pain across the umbilicus, with nausea, followed by sweat, and then he thought he should freeze; rests much better at night than before he took the medicine; had a chill this morning, with headache and dizziness, and pain across the forehead; good appetite till to-day; pit of the stomach sore to the touch or to pressure; feels sore inside; has turns of stomach-ache; soreness in both hypochondria on motion or hard pressure; when he lies on his back has to have three pillows, the blood rushes so to

his head; bowels seem in motion all the time; nightmare; can't eat milk; worse in the morning; backache; bowels regular. Nux<sup>12</sup> 4 every eight hours.

This is a case of mixed or compound ague. Has for four years had irregular chills, and heat and sweat, or what is here called dumb ague, more or less, all the time, but worse in warm weather. For a long time now has had regular chills, mostly in the evening; when first taken four years ago had regular shaking ague; took Quinine and Blue Pill till the liver became disordered, and through it the whole system, and the malaria came to play a very insignificant part. The chills and heat are now mainly reflex, from disorder of the liver. Following the hepatic disorder, we have gastric and intestinal symptoms; probably subacute follicular inflammation, while the pneumogastric and fifth nerves seem to have become seriously disordered; hence the "no appetite, general malaria, trembling," and cerebral and gastric symptoms. There is, probably, some disorder from the reflex irritation of the intestinal disease. The muscular system is in trouble, as is shown by the irregular action of the muscles of the intestines giving the spinal symptom, "seems as if his bowels were all in an uproar." Nor is that to be wondered at, after being irritated by Aloes, Rhubarb, Merc., &c., three hundred and sixty-five times in twelve months, besides the reflex disturbances of other and unknown quantities of drugs. The malarious disorder, however, underlies the whole, for he has lived on a farm of rich deep alluvial soil, in no place elevated ten feet above the marshes by which it is surrounded. One of these marshes is a mile in diameter, and the whole is nearly surrounded by low wet timber land. In a case like this, where malaria has caused structural disorder of extensive tissues and large organs, it is much more difficult to prescribe than where the disease is purely functional.

But when drug irritation is added, it becomes still more perplexing. If the structural disease is treated, and we neglect the malarious disorder, we shall hardly succeed. But we have reason to suspect, that in this case there is less disorder of the liver than would appear at the first blush; the stools are natural, except that they are too hard and do not pass without the stimulus of a laxative, and there is little evidence of much disorder of the liver. Besides, his face is red. The fact is, there is really very little trouble there. He has helped the bowels so long that they don't help themselves now. He has had his attention directed to the liver so long that it has produced a sort of hyperaesthesia there, with real tenderness to pressure, and the malarious disorder is just sufficient to keep it up. The man is already half cured, if he did but know it. He thinks he has some malignant disease of the liver; has been told so by several doctors, and yet he has no cadaverous face, no emaciation, no persistent diarrhoea, or cough, or vomiting, or night sweats. The bile-cells were most likely originally disordered by the malarious irritation, and the result was vitiated bile; this subsequently disordered the bowels, then came imperfect digestion. The half-cooked chyme was only partially disposed of. The chyle was vitiated, and assimilation imperfect from the quality and deficient quantity of the supply. Then the portal blood furnished to the bile-cells was insufficient in quantity and of bad quality, and then the bile became still farther vitiated. Starving, time, rest, perhaps some of the gregarious medicines, and above all, the recuperative

powers of the animal organism, have measurably restored the different organs to something like their normal condition, but he does not suspect it. Enough, however, remains to be done. Now, in this circle of functional processes, it is not easy to determine where to begin. It seems like a large job to change all of them at once, or to "square the circle," with a single medicine. Merc., unless in a high attenuation, is not to be thought of, since he has too much in him now, and China is not to be considered, as he has, probably, taken an ounce and a half or more of Quinine in four years. Podoph. is out, as there is constipation, for which he has taken pounds of laxative medicines, and eaten several pounds of Rhubarb that he constantly carried in his pocket. Bell. is of no account, as the disease is not wholly functional. Ars. seems to meet the pathological condition very well, and its pathogenesis seems to fill the bill, yet there is too much change, and hardly enough persistence in some of the symptoms, while others are not grave enough for the long time the patient has been sick. There is, besides, no great loss of flesh, and he sweats too easily. The face is red, whereas it should be pale, after four years' sickness, to meet the genius of Ars. The fact is, this patient is not so bad as he thinks for, and the disease is now, whatever it may have been, essentially malarious, with predominating spinal symptoms, and Nux<sup>3</sup> and Nit. ac. are the medicines. But Nux<sup>6</sup> is given alone. Its pathogenesis simulates the symptoms, the nightmare and constipation especially, as the laxatives have over stimulated the muscular coat of the rectum till it has very little irritability, and does not contract from irritation of the fecal matter. There is another element to be taken into the account. The dryness of the stools depends, when they are otherwise natural, upon a lack of water, and this should be supplied by the follicles of the large intestines. In this case the Blue Pill and Calomel he has taken have rendered the follicles so torpid that they do not do their duty.

Nitric ac.<sup>3</sup> would correct this, besides antidoting the Mercury, and it is also homœopathic to the disorder of the liver, and should have been alternated with Nux every two hours. It would have expedited the cure, and made it more complete. Two weeks after is better, and four weeks after so well that the medicine is discontinued. Soon after he was suddenly attacked with a paroxysm that seems to have been from malarious irritation of the solar plexus, and on the 19th had a regular chill, with return of most of the old symptoms, the posterior spinal column and spinal ganglia being especially disordered. Nux<sup>12</sup> is given, and no further prescription is needed. In 1868 was alive, and had tolerable health, though never entirely well.

CASE 67.—Jan. 16, 4 P. M. George B., 2. (493.) Taken cold; some cough; hoarse; some jerking and twitching of the muscles; irregular heat; is cutting teeth; has had 2 doses of Acon., Dulc., 4 glob., 1 dose; Cham. 3 every two hours.

Jan. 17, 2.15 A.M. Waked at 2 A.M. and seemed to be having a chill, which has been followed by great heat and intense thirst; there is twitching of the hands, and he starts up; in-

stantly he falls asleep or dozes; for several nights he has waked at the same hour, and acted strangely. Coff., 5 glob., 1 dose.

9 A.M. Had two stools yesterday, looking like a handful of hazelnuts; laughs out in his sleep, and then talks, and directly screams. Acon. 2 glob.; Nux 2 glob. every two hours.

4 P.M. Has sweat, and now wants to eat; is running about the house. Cont. Nux<sup>6</sup> occasionally.

This case was treated on Sunday as a simple catarrh. It was a great error in such a case not to inquire more particularly into the symptoms. It would have materially altered the diagnosis to have learned that every night for some time, at 2 A.M., there had been some kind of a paroxysm, probably a chill. But the pathological condition is entirely overlooked. The disorder is centric cerebro-spinal, and a reflex spinal is given. There was, no doubt, a chill at 2 next morning, and then, for the first, I learned that there has been one every morning for nearly or quite a week. There is no longer any room for doubt. The malaria is acting on the cervical and spinal ganglia, and pneumogastric and fifth nerves. There is no urine. Bell. seems indicated. Ice water and pumpkin seeds are better here than Coff., 5 glob., though nothing else is given. Better have continued the Cham. Seven hours after I learned, for the first time, that the stools were very hard and lumpy the day before. Had I known this, I should have given Nux<sup>60</sup> and Merc.<sup>60</sup> every two hours, instead of Coff. 5 glob., and yet there is no possible excuse, except stupidity, for not knowing it. It could have been known by asking. But the parents are very intelligent, and pride themselves on their medical knowledge, being eclectic, botanic, homoeopathic and especially hydropathic, and if anything will stupefy a doctor, "it is that." At 4 P.M. is sweating; is all right and wants to eat, and this settles beyond cavil the malarious character of the disease. Acon. is ordered for the heat, and Nux to be taken several times a day. There were no more paroxysms. In this case Ignat.<sup>9</sup> and Merc.<sup>60</sup> should have been given every two hours for two days; then Ignat. 8 glob. every night for a week.

CASE 68.—Jan. 31, 1 P.M. Mrs. Amy C., 29. (509.) Taken ten days ago with chills; been taking Quinine ever since; chill comes at 4 P.M. In the heat, has soreness across the abdomen, and in the back, with great distress; can hardly walk, and seems as if she must die; headache, and thirst, and chills, and heat all together; no sweat; no appetite; some diarrhoea; most thirst in the chill, which lasts an hour; feet cold; had hard shakes in the chill at first; chilly on motion; lips dry; tongue red and coated, but clean towards the point, and papillæ enlarged; hot flashes in the face; very dizzy almost all the time; great weakness; knees and ankles ache, and feet are lame and sore; hands are blue, and has goose-skin in the chill; dry

cough; hurts to cough; uterine hemorrhage. Puls. and Nux every two hours.

The Quinine in this case seemed to have no good effect, though the shaking chills, blue skin, goose-flesh, &c., indicate it. The symptoms are mainly spinal, but there are some cerebral, and the posterior spinal column is disordered, hence the soreness of the abdomen and pains in the back. The malaria seems first to have invaded the anterior spinal column, hence the shaking chills. But the Quinine seems to have disturbed the natural order, and disordered the pneumogastric nerve and upper sympathetic system, and mixed the symptoms. The irritation extended to the lungs, but not to the stomach. The Quinine symptoms certainly take the lead, and very much embarrass the treatment.

Puls. and Nux are given. Both are homœopathic here, but are they the best? Had no Quinine been taken, Nux would have been the one remedy. A spinal irritant is needed now as much as before, and so Nux is very properly given. But it will not cure now. It must be alternated with some kind of a sympathetic irritant. Ars. presents itself first, but there is quite too much chill with thirst, and too few gastric for the intestinal symptoms. While, instead of the hot flashes being confined to the face, they should be general. The face symptom belongs to the fifth nerve, and not to the sympathetic. Besides the soreness across the abdomen, and pain in the chest, and pain and lameness, and soreness in the joints, strongly shadow forth a rheumatic diathesis for which Ars. is not specially indicated, and the same may be said of the uterine symptoms. Puls., however, does meet all these symptoms and conditions, and is quite as changing and unstable. It meets the diarrhoea, whether simply catarrhal, or derived from sympathetic irritation. It is almost if not quite the peer of Ars., in a quinine cachexia. It is homœopathic to bronchial catarrh and in disorders of the serous and muscular tissues of the chest, and joints, and abdomen, and back, and answers well to the uterine hemorrhage. Puls. and Nux are given and were sufficient.

CASE 69.—Feb. 2, 6.30 P.M. Chas. M., 1. (512.) Has had a quotidian ague, and taken a great deal of Quinine; has night sweats; had a chill four days ago and took Quinine; did not prevent even the next chill; has had two chills to-day; has had a "gathering" in his ear, and while I write it has burst, and is now discharging matter; has done so before; bowels too loose; some cough; is cutting several teeth; nausea and vomiting; grinds his teeth; groans and cries out, and twitches about, and seems in great distress; puts his hands to his head; grunting respiration; pupils contracted; can't bear the light; rubs his nose with great violence; the gums are swollen; cut them, and he seemed easier at once; laughs and looks silly; almost idiotic; eyes dull. Merc., 2 every two hours.

Feb. 4. Better every way. Cont. 2 or 3 doses a day. No more chills.

This case is a good deal mixed, and it is not certain that one of the two chills to-day, if not both, were in consequence of the abscess in the ear, aided by the dental irritation. He has had several such gatherings, but no chill before with them. There is certainly much irritation about the brain, and there is diarrhoea and cough, probably from teething. But he has had unmistakable chills, and heat, and sweat for a long time, with occasional intervals, from taking Quinine. Sometimes escaped a week or two, and finally had regular night sweats. The Quinine that he took four days ago acted finally as a cerebral irritant, and aggravated the brain symptoms that usually occur in an abscess of the ear, and from teething. And so the brain, spine, pneumogastric nerve, and the entire sympathetic system are directly or indirectly disordered. And we have brain, and chest, and stomach, and bowel symptoms, all which can hardly be attributed to teething or the abscess, both being only incidental.

We have only Hopkin's choice for a remedy here. There is but one that covers the night sweats of malaria and Quinine, the abscess, the diarrhoea, the teething, and the grunting breathing, and that is Merc. The Quinine will probably settle the spinal symptoms, and there will be no more chills if the sympathetic are disposed of. No other medicine was needed.

It is worthy of notice that incising the gums afforded great and immediate relief in this case, a thing that seldom happens. Possibly discharging the abscess had something to do with it. It will be likely to return, however.

**CASE 70.—John W. R., 45. (517.) Ague.** See page 42, Introduction.

**CASE 71.—March 6, 9 A.M. Jane L., 17. (573.)** Taken with a fever, and took pills and powders, she don't know what; kept getting worse, and one day took some homeopathic medicine and was better directly, but didn't have any faith in it, and took Quinine and some other ague medicine; face is flushed; eyes red; skin unequally cool, in some places cold; ringing in the ears and headache; oppression of the chest; throat, chest, and abdomen sore. Arnica every hour.

March 7, 9 A.M. Had a chill at 12 yesterday; no change otherwise. Puls. every two hours.

March 11, 9 A.M. Reported. Throat sore and feels dry; rested very well last night.

6 P.M. Throat is better; some appetite; tongue coated; head feels light; some heat and thirst; mouth dry, and bad taste. Cont.

This patient, after taking a good deal of medicine for ague to no purpose, finally took Quinine and had no regular chill after, but the temperature of the

skin is very unequal, cool here and cold there. Most of the symptoms are new, and seem to have been caused by the Quinine. Now, why Arnica is given must ever remain a profound secret, as I have forgotten. Some blockhead, if I remember rightly, once recommended it for quinine cachexia. But it is hardly possible to name a more unpromising remedy. It don't even answer to the soreness in the throat, chest, and abdomen.

The chills will not be likely to return at present after so much Quinine, and we need only an antidote and sympathetic irritant, which we have in Ars. Should have been given in the 3d and 30th in alternation, every hour for twelve hours, and then every two. The next day had a chill with the same symptoms, and Puls.<sup>6</sup> is given; not a bad prescription, but Ars. is better. Four days after is reported better, and Bell.<sup>6</sup> is sent for the sore, dry throat, which, in the afternoon, is better, but some gastric symptoms remain from the sympathetic disorder, and Bell<sup>6</sup> is continued when Ars. is the medicine. Had no more chills.

CASE 72.—March 9. Charles M., 1. (579.) Reported. Has chills and heat, and seems in pain; bowels loose; head hot, worst at night. Ars., 1 glob. every two hours.

March 10, 9.30 A.M. Been sick several days; has taken cold; had chills some time ago; rough harsh cough, with grunting' respiration; nostrils dry and stuffed up this morning, but moister now; some heat; bowels loose; is cutting teeth; gums are swollen; cut them, and directly he sweat all over the face and scalp; no sweat before. Cham.<sup>6</sup>, Phos. every two hours.

This case was reported and Ars. sent, on the assumption that he needed the Ars. for the Quinine disorder, as he had taken it five or six weeks before. Saw him the next day and learned that he took cold, and has had regular chills every day for some time, with pain and diarrhoea. The gums are swollen and tense. The disease is certainly malarious, but aggravated by teething, hence the instant relief and sweat of the face when the gums are cut when there had been no sweat before. Perhaps he would have sweat soon any way, as the heat had been on for some time. Cham. and Phos. are given, but as the gums have been relieved, and the intestinal disorder is not entirely reflex, any more than the cough, since the grunting' respiration indicates disorder in the abdomen, rather than in the lungs, Merc. is surely more homeopathic than Cham. If Cham. is given for the characteristic symptom, "sweat on the face," Carb. veg., Ignat., Merc., Nux vom., Puls., Rhus, Spongia, and Veratrum have equal claims, and a score of others are only a step behind. Cham., as a reflex cerebro-sympathetic irritant will do something, and Phos. will do no harm, but Ignat. and Merc. should be given. Cham. and Phos. are given, and no other medicine was required.

CASE 73.—March 12. Ellen M., 5. (582.) See page 42, Introduction.

CASE 74.—March 13. Adelbert L., 3. (583.) Had an eruption on the skin, which disappeared a week ago; was like measles; was well after till last night, when he had some heat; early this morning had a chill and was very sick; at 1 P.M. had a convulsion; at first his throat became suddenly swollen, very full, and he began to choke, cramped all over, and skin got blue; the teeth were shut tight; feet and hands cramped most; has been in the habit of wetting the bed at night, lately; has had a dry hacking cough for some time; vomited all the forenoon; has been lying the last half hour with the eyeballs rolled up, and lids half closed. Bell.<sup>6</sup>, 5 glob., soon after taking the medicine fell into a natural sleep. Cina<sup>6</sup> 2, Bell.<sup>6</sup> 2 glob., every three hours.

March 15. Well.

I should not venture to ascribe any of the symptoms in this case to malaria, inasmuch as there might seem to be other, and sufficient cause for all of them, had I not often seen cases commencing in the same way, imperceptibly glide into an ague if neglected; the chill recurring at the same hour the next, or some subsequent day; besides this was a real chill, and not the mere shiver with cold skin and clammy sweat, and vomiting, that frequently follows the repercussion of an eruption; and not only so, but the eruption disappeared a week ago, and the patient has been well since, till last night, when he had some heat, very likely preceded by a chill, which would scarcely be noticed in the night; at all events he was sick all night after, and this morning early had an unmistakable chill; was sick all the forenoon, vomiting every few minutes, and lay with his eyeballs rolled up and lids half open from 12.15 to 12.45 P.M., and then went into a convulsion. This is the simple history of hundreds of cases, that occur among children in this section every year; usually the chills recur regularly for several days unless arrested, and sometimes the convulsions are repeated.

It is rather a low estimate to say that one-third of the children born in this section, and remaining here, have one or more of these convulsions, preceded by a chill, before they are five years old; and spasms in or after a chill, are of very common occurrence; the cerebro-spinal system is the seat of the malarious disorder in this case.

What the disappearance of the eruption had to do with the cough or enuresis, it is now unfortunately too late to determine, since we do not know whether their appearance preceded or succeeded its disappearance.

But as nothing is recorded in regard to it, it is to be presumed that they were not regarded as standing in the relation of cause and effect, and so we may assume that they have no mutual relation; still it must not be forgotten, that suppressed skin complaints are not unfrequently followed by enuresis, as well as by cough; on the whole we may assume that they belong to the malarious disorder.

In all convulsions or spasms not depending upon reflex irritation, it is always

safe practice, among children, at least, to begin with Bell.<sup>6</sup> or <sup>20</sup>, and the physician who adopts the rule, will never see cause to regret it; and not only should it be given, but it should be given at once, only allowing a sufficient time to impress the spectators with the idea that you understand your business, and have already weighed and measured the whole case, and are not hurried nor confused by the apparently alarming condition of the patient. I repeat, apparent, for there is little or no danger from a convulsion caused by malaria; it is merely the changing or, so to speak, transferring heat, secretory or other force, to motor force, where it can do little harm; it is to the young organism, what the safety-valve and escape-pipe are to the steam boiler; it takes the strain and pressure from the brain, where it would be hyperesthesia, or hyperæmia, or inflammation, and expends it upon the muscles, where it can do little harm, and no doubt often saves life, but always prevents mischief; don't be disturbed, nor yet treat it too lightly, for there may be mischief brewing in rare cases, and besides most people like to tell how sick and near to death they have been; manifest a decent interest and solicitude in the case, and after a little, say from one to three minutes, give a dose of Bell.<sup>11</sup> or <sup>20</sup>, or if you prefer, the third, though the sixth is better; then you have time to examine, deliberate, increase your own confidence, and you have at once that of the friends.

There is one exception, however, to the rule of prescribing at once for cases of centric disorder of the brain, and will equally apply to all paroxysmal diseases; to wit, when there are unmistakable signs of the immediate recurrence of spasm, a convulsion, a neuralgic pain, a fit of colic or other pain, don't be in a hurry—delay; there is nothing to be gained and much to lose, if the paroxysm returns immediately the medicine is given, for the spectators generally think the medicine has something to do with bringing it on, and the friends soon begin to talk about counsel, and what "Doctor Deathonfits" can do, &c., &c. Why Cina was given with Bell. does not appear, and the less said about it the better; two days after is well; but Ignat.<sup>3</sup> and Ars.<sup>20</sup> should have been alternated in this case every four hours for a week at least; the chills are almost sure to return.

CASE 75.—March 19. Etta H., 8 mos. (591.) Had two chills to-day, followed by heat; very thirsty, but drinks only a little at a time; no appetite. Ars. 2 every six hours.

Nux<sup>6</sup> and Ars.<sup>20</sup> should have been given in this case, every two hours the first day, every three the next, &c. Ars. has all the symptoms, but where the chill is distinct, a spinal irritant should be given; there was no return, however, of the chills.

CASE 76.—March 22. Charley A., 4. (596.) See page 43, Introduction.

CASE 77.—March 22, 9 A.M. Mrs. Jacob V., 22. (597.) Ague. Complains of continual headache; cold chills followed by great heat and sweat every afternoon, and lasting all night; is so chilly in the heat that she has to keep covered; heat all

night with thirst; is sore all over; no appetite. Nux<sup>6</sup> 4 and Rhus<sup>6</sup> 4 every three hours.

Here we have headache and every afternoon chilliness, followed by great heat with chilliness and thirst, lasting all night, and sweat with the heat; and there is soreness of the flesh. The malarious disorder in this case is in the posterior spinal column and upper sympathetic system; now there are very few medicines, that are entitled to the least attention here, though scores of drugs seem to cover the symptoms; but Merc., Eupat., Puls., Nux, Rhus, and Phos., only are worth noticing; of these we may dismiss Merc. at once for lack of glandular disorder; Phos. because its sweat with heat comes from disturbance of respiration, and there are too few gastric symptoms for Eupat.; the soreness is probably muscular, and from irritation of the posterior spinal column, and Puls. is thus specially indicated, as well as by the night fever, though there is hardly enough gastric disorder; Puls. should cure such a case every time; but Nux and Rhus did cure; it is a pity that Puls. was not given for Nux, and Rhus though homoeopathic is a bungling prescription, as both are spinal irritants, while Puls. acts on both systems.

CASE 78.—March 24. Samuel B., 40. (599.) See page 43, Introduction.

CASE 79.—March 28, 7 P.M. Emma S., 17 months. (612.) Ague. Taken day before yesterday; was cold all over, with blue nails; crawled up to the hot stove and fell asleep, and waked in a great heat, and was in great distress; nausea at the sight of food; next morning was better, but to-day can't stand, she is so weak. This morning had a chill and some heat after, and then alternate chills, and heat, and sweat; took castor oil; did no good; then took Acon., with immediate relief; is better now; had turns of waking with a scream, and acting as if frightened; very thirsty; has vomited; had no appetite; vomited everything she swallowed; cheeks sometimes both red and then alternately red. Took Jayne's Vermifuge yesterday, and got away some worms in pieces, very large, and dead(?); rubs her nose a good deal; wants to lie on her belly and face all the time; pale around the mouth. Acon.<sup>6</sup> in the heat; Cina<sup>6</sup> 2, Cham.<sup>6</sup> 2, every two hours.

March 31, 1 P.M. Chill this morning with thirst, and after it great distress in urinating; urine very high-colored; abdomen very hot and bloated; seems in pain; cries and whines; seems as if she wanted to pass water, but can't; is sweating profusely; groans in her sleep; moist coryza. Canth.<sup>6</sup>, and Coff.<sup>6</sup>, every

three hours. Cold wet compresses over the abdomen as soon as she stops sweating; was easy very soon after the first dose of Canth.

April 1, 11 A.M. Had a chill of an hour last night at 10; then heat an hour, followed by sweat; is now quiet; has had no more crying spells; ate well and naturally this morning; one stool yesterday afternoon, an hour after the first dose of Canth.; has been asleep, and just now waked crying and whining as if in pain somewhere; passed considerable urine, and is easier now, though she cries some. Nux<sup>6</sup>, Canth.<sup>6</sup>, every three hours.

April 2. No chill; has the same urinary trouble; one stool; some appetite; had a crying spell this afternoon. Nux<sup>6</sup> 2 every three hours.

April 3. Last night had a diarrhoea. Is better than yesterday. Cont.

April 12. Had a chill on the 3d, and every day till the 8th, followed by dry cough that hurt; no heat since, but some thirst; pain before stool; two large, loose stools to-day, but none before in thirty-six hours; urine scanty; cough very loose, and the mucus chokes her. Nux<sup>6</sup> every three hours.

April 17, 7 A.M. Chills every day; seems chilly in the heat; has taken five grains of quinine, though expressly prohibited. Ars. 2 glob. every three hours. 5 P.M. On the 12th the chill came on again at the same hour as on the 7th, and since that has recurred every other day. Sleeps during the chill, and wakes with a cough, and has heat and profuse sweat and cough; then chill with sleep, and heat and sweat two or three times over; thirsty during both chill and heat; headache; face sallow, yellow, pale; tries to yawn, but it hurts so somewhere that she stops and cries, and can't take a long breath for the same reason; heat and distension of the abdomen with rumbling; better of it after a fetid stool; stools are watery; skin is very hot in the sweat, which lasts but a few minutes; great appetite; tenderness of the spine to pressure; coughs only in the heat; can lie only on the left side; screamed in her sleep last night; is cutting teeth; urine high-colored; the sweat in the heat is all above the shoulders. Bry. 2 and Ars. 2 every three hours.

April 18, 5 P.M. Chill at 9.30 A.M., lasting till 11 A.M.; then

heat, and cough, and sweat alternately; hands, face, and lips blue in the heat, and cold; the hands got warm last; slept in the chill; very pale; some appetite; stools frequent, thin, watery, dark-colored, with griping; tries to yawn, but can't; thirsty; dark around the eyes; sweats now in the edge of the hair. Cont.

April 19, 7 P.M. Slight chill at noon; one dark watery stool last night; this afternoon had heat after the chill for two hours, with thirst and sweat after; nails blue; hungry before the chill and after the heat; cough in the heat and two or three times last night; cough is dry at first, but soon gets loose; heat and sweat at 4 P.M. Nux<sup>6</sup> 2, Cham.<sup>6</sup> 2 every two hours.

April 20. Had a chill last night and one to-day, at 1 P.M.; two very fetid stools this forenoon, with pain and straining; stools more natural; some cough in the night and this forenoon; loose, and seems to hurt less; sweat profusely last night after the chill; hands and nails blue, and face pale, in the chill; is losing flesh; lungs seem very sore; abdomen distended and sore to pressure. Apply cold wet compresses during the heat. Ars. 2 every three hours.

April 21, 9 A.M. Slight chill at 4 A.M.; coughed only twice; slept through the chill, but groaned; face and skin generally has a pale yellowish waxy look. Cont.

5 P.M. Chill at 3 P.M. Very short, but the heat was longer than usual; is hungry now; one natural stool. Dr. C. in council advised Cina<sup>6</sup> 2 and Ars.<sup>30</sup> 2 every four hours.

April 22. No chill; no heat; some loose cough; ravenous appetite; some sweat; two natural stools; very restless towards morning. Cont., and Coff., if restless.

April 25. Eyes agglutinated in the morning; has coughing spells half an hour long; two last night; felt quite well till 10 A.M., when she had a slight chill, followed by slight heat and distension of the abdomen without tenderness; very hungry, but not thirsty; some cough in the heat; one nearly natural stool every day; pimples around the mouth; slept well till 3.30 A.M., when she got restless, and finger-nails became blue; hurts to cough; pain in the abdomen; colic with straining. Cont.

April 26, 4 P.M. Chill at 1 P.M.; not much thirst; nor hungry till this afternoon; sweat yesterday afternoon, and last night and this forenoon; eyelids agglutinated this morning; had to be

washed open; abdomen bloated; roaring, rumbling, and croaking in the bowels; stools yellow, papescent, and undigested; one just now; looks like thick gruel, yeasty, yellow, and stinking; coughs in the heat. Sulph. 2 every three hours.

April 27. No chill; very little heat, but some sweat this afternoon; hungry; bowels better; pressure on the left hypochondrium; hurts yet; stools more natural. Cont. every five hours.

April 29. Yesterday had a chill. Cina<sup>6</sup> 4 every four hours.

April 30. Chill an hour and a half last night, and one two hours to-day, with thirst; groaned constantly in the chill, and some in the heat; some thirst in the heat and sweat after: hungry as ever, and now before the heat is off; stools natural; pain in the bowels in the chill. Strychnine<sup>11</sup> 1 gr. every four hours. Had no more chills.

May 2. No chill nor heat; great appetite; lies on her belly, and groans in her sleep; sweat last night. Sulph., 2 glob. every night; Strychuine<sup>11</sup> 4 doses a day.

This patient was taken, on the 28th of March, with a chill, and nails were blue, and she was so cold that she crawled up to the hot stove and was asleep directly. Some time after waked in great distress, and had chills, and heat, and sweat by turns, and nausea at the sight of food, and Ars. should have been given in alternation with Ignat. But her grandmother gave her Castor Oil, and her stepmother Acon. Was better next day, but has had turns of waking suddenly and screaming. Took Jayne's Vermifuge, and "got away a great many large pieces of worms." Was very thirsty, but vomited everything she swallowed; so weak next morning she couldn't stand, and still had the screaming turns, with thirst and vomiting; cheeks are pale, and is almost white about the mouth, and lies on her belly and face all the time. Now right here permit me to remark, that when we hear stories of little or big pieces of worms, dead or alive, passed, ready cut up, after taking vermicide, we may at least pause and make a note of interrogation. But we should never say humbug! It is not good policy; almost everybody is wormy on this subject, and generally squirms if you touch it.

As for the paleness around the mouth, it means simply deadly nausea, and rubbing the nose means any intestinal irritation, even piles and pin-worms. The malaria here has full possession of the sympathetic system, and acts on the face, and cheeks, and stomach, through the fifth and pneumogastric nerves, while the spine, especially the posterior column, is disordered; hence the chills with blue skin. Acon.<sup>6</sup> is ordered for the heat, and Cina<sup>6</sup> for the hypothetical "dead worms" and "nose rubbing," and Cham. for the difference of color in the cheeks, if for anything. Neither of them are homeopathic in any sense. In fact, there are really but four medicines to be thought of, Ars., Ignat, Nux., and Merc; but for Merc. there are too many gastric, for the intestinal symptoms, and more than all she prefers to lie on her belly, and Merc. has soreness of the abdomen.

For Ignat. and Nux there are hardly enough excito-motor symptoms. Ars. is certainly the remedy, but there is too much disorder of the spinal system to trust to it alone. Ignat. has the spinal symptom, "amelioration from the warmth of the stove" equally with Ars., being characteristic, and next stand Nux. and Rhus. Ignat.<sup>30</sup> and Ars.<sup>30</sup> would have cured this case, and there would have been no need of recording, three days after, "chill, thirst, distress in urinating," for which Canth. and Merc. should be given, but Canth. and Coff. are. The Coff. is useless or worse; Canth. answered the purpose so soon that the cold compress was not applied. I think that warm applications in such cases will generally be found most useful.

In cases of simple retention of urine from irritation or spasm, it should never be neglected, and in case of failure a warm hip-bath should be resorted to; but before it can be got ready in most cases, Canth. and warm or hot compresses have answered every purpose. Herb fomentations and fancy baths are inadmissible, because they are generally very offensive and uncleanly, and then they have no advantage over simple water, warm or hot. It is the heat and wet only that are wanted. If medicines are wanted give homœopathic ones decently and in order, and not give Coff. as here, when it has not the least relation to any of the symptoms, though it has one perfectly characteristic symptom as regards time, seeing that the next day is the first day of April, when we learn that she is no better of the ague. As the urinary trouble continues, and Canth. certainly relieves it, it is of course continued. It should be in the 8d. Nux<sup>6</sup> is alternated, which is very well, but it should be in the 8d or 80th, or both.

The next day there is no chill, but the urinary trouble continues, and Nux<sup>6</sup> is given alone. It should have been Nux<sup>30</sup> and Merc. Next day is better, but bowels are reported as loose. Nux is continued, and Merc. and Dulc. ordered in case of diarrhea. Here it should be Merc. and Nux<sup>30</sup> one day, and Merc. and Ars. the next. Why Dulc.? On the 12th, nine days after, we learn that she had chills on the 8d, 4th, 5th, 6th, and 7th, and heat with dry cough after, which hurt through the chest. No chill nor heat since the 7th, but some thirst and loose cough; good appetite and scanty urine; stools are large, and has pain before. Nux is continued, but certainly it should be Merc. here. On the 17th, five days after, saw her in the morning, and learn that she had a chill on the 12th, at the same hour as on the 7th, but she was chilly in the heat. Having some suspicion that all was not right, I learn, on careful inquiry, that the grandmother has been giving Quinine, and she owns up to five grains, and it may have been twice that, as she only guessed at the weight from what she has seen in parcels from the druggists. And besides, she says "she was bound to squelch the ager." "It wasn't of no use to let it run any longer." If it had cured her, she said she "was going to brag over the old doctor." But she gave as much as she dared to, and I was sent for again. Has a chill now every second day only. There is good reason to believe that this patient has had Quinine before this, and other medicines besides. Might not the strangury have been caused by Spts. Nit. Dulc.? These details I learned in the morning, and gave Ars.<sup>6</sup> It should have been the third trituration every two hours. I had not time for further inquiry, but at 5 P.M. saw her again, and the symptoms are sufficiently grave now. I find that the patient has had Spirits of Nit. Dulcis, Dover's Powder, James's Powder, Extract, or Syrup of Buchu, and some other medicines that grandmother's doctor had furnished her with from time to time; don't know

how much Quinine she has taken ; had twenty grains at first ; has a little left, and some was wasted ; thinks she shan't interfere again, for she is thoroughly alarmed, and she has reason to be, for the symptoms under date of April 17th, show a fully developed quinine cachexia. Ars. is the remedy, but the chest symptoms are not sufficiently within its sphere of action, and besides so very annoying and urgent as to require immediate relief. Bry. and Phos. seem the only available medicines here, and pathogenetically they are about equally indicated. Phos. has good appetite in the heat, and heat with hot sweat ; but Bry. has this advantage pathologically, that it acts directly and specifically on the serous and sero-muscular tissues, and unquestionably the difficulty of breathing is there.

And probably the sweat of the chest is due indirectly to the action in its serous membranes. The most critical analysis of the symptoms can give neither any more or less advantage. Bry.<sup>6</sup> is taken, and as I think, properly. But the prescription should be Bry.<sup>8</sup> and Ars.<sup>20</sup>. The next day there is some improvement, but a troublesome diarrhoea, for which Ars.<sup>20</sup> is certainly the remedy. And here, perhaps, Phos.<sup>8</sup> might take the place of Bry., since the chest symptoms for which Bry. was selected have improved. Sunday is better ; chest symptoms much better ; coughs a good deal, but it don't hurt much. Nux and Cham. are given. Nux might do, but why Cham.? It is not the 1st of April to-morrow. It should have been Ars.<sup>20</sup>, Phos.<sup>6</sup>. Monday there is no very noticeable change, unless, as would appear from the two chills, the action of the Quinine is subsiding, and the malaria is resuming its old position, as probably a chill is due to each. Ars.<sup>6</sup> is given alone. Ars.<sup>20</sup> is the medicine for the soreness and distension of the abdomen, and the soreness of the lungs calls for Phos.<sup>6</sup>. The cold compresses are very well in the heat, theoretically, but practically, there is too much of a chill from their use, and in malarious districts they should rarely be resorted to. Tepid, warm, or hot answer equally well, to say the least, and are much safer and more comfortable. Tuesday was improving, but Dr. C. was called in council. Recommended Cina<sup>6</sup> with Ars.<sup>20</sup>, and it was given. Now there is no symptom indicating Cina, except the hunger, and that should be in the heat, not after, and not only so, but the symptoms of Cina are all reflex, and the cough and other symptoms here are anything but reflex. Next day there is no chill and very little change otherwise, except restlessness, for which Coff. is ordered, to which there is no very special objection. Three days after there is a chill in the forenoon, and a recurrence of many of the symptoms of the paroxysms of the 20th. But the eyelids are agglutinated, and the cough is in long paroxysms, and still Cina and Ars. are continued, while Phos. and Merc. are unquestionably called for. Phos. and Nux, or almost anything would be as good as Cina and Ars. here. Function is being resumed, and secretion and excretion getting more active, and a gland irritant is specially called for. Next day has two chills, twelve hours apart. The functions are more active. It is interesting to notice that the chills to-day occurred at the very same hour of the day as on the 20th, and with and followed by essentially the same symptoms. The glandular apparatus of the abdomen is now seriously disordered. This would not have happened had Merc. and Phos. been given in season. But neither will do as well as Sulph. now. We have especially the long exhausting sweats protracted through the night, and the peculiar pale, yellow, musky, frothy, yeasty, stinking stools characteristic of Sulph., and Sulph. is very

properly given. The next day there is a chill, but is better; medicine is continued, but Phos. should be alternated with it; two days after there was no chill, and Cini is given every four hours, though there was a chill the day before. On the 80th there were two chills at the same hours as those on the 26th and 20th. The symptoms were essentially the same, only greatly modified and mollified, the stools especially, which were natural. Sulph. and Phos. would have cured this case, though Strychnine was given now. Sulph. would have restored the functions of the skin and intestinal mucous membrane, and Phos. of the liver; and there would have been no more chills if Strychnine had not been given. In fact, the Sulph. was resumed on the 2d of May, two days after, on account of the night sweats and abdominal complaints. Strychnine was given, but it had no relation to the symptoms whatever, and there is not the least evidence that it had anything to do with the changes in the symptoms. Such prescriptions are the result of impatience, ignorance, carelessness, or recklessness, or all together, and disgrace our school, and do more than anything else to bring it into disrepute.

CASE 80.—April 1. Ellen M., 5. (625.) Reported. Heat; nausea; pain in the stomach. Puls.<sup>30</sup> 4, 1 dose.

April 4. No appetite; restless in her sleep, moaning and groaning; skin dry; some heat; one cheek red. Merc. 4, every night.

Had much such an attack three weeks ago, but had a chill then; been well ever since; no chill noticed now. The disorder is no doubt from malarious irritation of the upper sympathetic. Ars.<sup>30</sup> would have cured this patient, but Puls. was given, no doubt because it was given before. Three days after is no better, and the symptoms are wholly sympathetic. The reflex symptoms of pain in the stomach having been removed by the Puls., and Merc. is given and cured.

CASE 81.—April 1. Mrs. Eben. C., 60. (628.) Had ague a long time. Broken it with Quinine several times; also with Lobelia. Chill at 3½ A.M., lasting a long time; heat from 6 A.M. to 2 P.M., followed by sweat; delirium in the heat; very restless all last night; thirst only in the heat; tongue coated white; bitter, bad taste; nausea in the chill; took cold; has a cough; constipation; the chill is irregular; generally has them two or three days, and then misses several days; subject to rheumatic pains, alternating with a rash like erysipelas, but lately it is in blotches or wheals, like nettle-rash; yawns and stretches in the chill; feels chilly on the least exposure during the sweat, and then yawns; used to have headache from over the right eye into the back of the head, and can't keep her head still then; feels stupid now; can hardly arouse herself; has a great deal of

pressure in the right side; a sensation of fulness, so that she can't lie on it; has a sort of warm, fainty feeling there occasionally, with tenderness on pressure; pain and dragging sensation in the shoulders and back of the neck; worst just before she has a chill; feels faint; sometimes is only a little chilly, with slight heat after; had the same general aching pain once when she had a fever, before she had the ague. After taking considerable doses of Quinine, it made her feel very bad. Has nausea now in the sweat; drinks but little at a time, never drinks much. Ipec., 4 every two hours, when there is nausea; Acon. every half hour in the heat; Puls.<sup>6</sup>, Nux<sup>6</sup>, every two hours.

April 3, 1 P.M. Chill between 2 and 3 A.M.; heat till 8.30 A.M., and has sweat freely ever since; hands and feet cold in the chill, but skin generally hot; some chills during the heat; slight headache; thinks she drank more during the heat than ever in her life before in the same time, six or seven glasses at least; disposed to keep covered in bed in the heat, but was very restless; tongue coated white; skin feels natural; no sweat now; slight headache; says her mouth and throat are so parched it seems as if she must choke. The water she drank disappeared at once, and did not bloat her up as a small quantity has often done before; feels faint, and has no appetite; craves something sour; don't care for anything sweet; dizzy; can't sit up; weak and exhausted; in the heat had a great desire to put her hands and feet out of bed, but couldn't keep them out, it made her so chilly; less pressure in the right hypochondrium, but has had some pain there; has had a lameness and soreness under the left axilla, in the chest, and across the sternum, and up into the shoulder; vomited in the chill; complains most of faintness, and deadly, sinking feeling when the heat first comes on; ameliorated by drinking cold water; last evening had little pains all over her—aching, shifting, moving about; some pain in the stomach and bowels; constant inclination to spit. Nux<sup>6</sup> 6 at 8 P.M.; Ars. 6 at 8 A.M. to-morrow.

This woman kept about the house, and continued to do the work for herself and husband, having no girl to help her. Husband was worth eighty thousand dollars. I prescribed a hired girl, and was dismissed on account of the cost, at the second visit. She had no more chill, however.

This is a perplexing case. An old, inhumanly treated, malarious disease, in an old woman of a rheumatic diathesis, and subject to a persistent cutaneous disorder, probably eczema, finally developing as a nettle-rash, and alternating with the rheumatism. Then she has taken Quinine, in large doses, every few months, for years. Has taken Lobelia warm, as an emetic; hot, as a sudorific, and cold as a tonic; so I am assured; and has had wet and dry sheet packs, and all kinds of baths, and besides every cheap domestic remedy has been tried in vain.

And so she has persevered to no purpose till the friends are thoroughly alarmed, and want something done lest she die from neglect; and there is really much reason for interference now. The liver is seriously diseased; it is tender to pressure, and there is a warm, faint feeling there occasionally, and a sensation of fulness and pressure all the time, and can't lie on the right side at all, it hurts so. Besides, she took cold some time ago, and there is a subacute bronchitis. The irregularity of the chills in this case, and their persistence, depend probably on the reflex irritation from the liver through the sympathetic system and pneumogastric nerve; hence the nausea in the chill and lack of thirst. And it is equally probable that the malaria is still acting from the spine, as the aching pains and dragging sensations aggravated just before a chill, go to prove; while the yawning comes from the disorder of the cervico-spinal ganglia, directly through the phrenic nerve, as does the stretching through the other spinal nerves. The entire sympathetic system must be seriously disordered now. The faint feeling even, may be traced from the heart back through the cardiac plexus to the upper cervical ganglia, and perhaps from these through the hepatic plexus to the liver, as the same sensation occurs when the liver is pressed upon. But the symptoms are so confused and tangled by the various conflicting agencies that it is very difficult to assign to each one its relative position. And it is not certain whether the hypertrophy of the liver is due to the malaria, or the Quinine, or to both.

In a case like this, where the family and friends generally are not homœopaths, if your medicines do not relieve directly you are dismissed, and there is no alternative. If you wish to keep the case, you must prescribe for the more urgent symptoms. The stupor and nausea are now the most urgent, as she is sweating, and the skin is hot, and there is a faint feeling. Ipec. is given, but it should have been alternated with Opium, as there is yet delirium; and there must be provision made for to-morrow, and for the next chill also. After the paroxysm we have to combat the real disease. Dislodge the malaria, restore the liver to its normal condition, look to the bronchitis, hold the rheumatism in abeyance, and not neglect the rash. Pathologically, we have but little choice in medicines. Nux, at the head of spinal irritants, claims our first attention. It covers all the symptoms caused directly by the malaria, and many of the indirect; and the constipation, with all the gastric symptoms, and the nettle-rash, but not the bronchial affections, nor is it sufficient to meet the amount of disease in the liver, and Puls. is alternated with it, while Acon. is to be given in the heat. Now it seems to me that after this paroxysm Ars. might be trusted to meet the nausea and gastric symptoms, also the predominant heat and faint feeling, instead of Ipec., and Aconite, and Puls., while it would answer to the lesion in the liver, and the quinine disorder, as well as the cutaneous. The Ipec. was right when it was given, and relieved the nausea; but there is no excuse for using three medicines when one would be better, and there is quite

as little when you know that one medicine will not remove all the symptoms, in waiting till you learn how many it will remove, before you give another that is homeopathic to the balance of the symptoms. For example, in this case we have symptoms, both direct and reflex, through the nervous system, and symptoms indicating both structural and functional disease of the liver and lungs. Nux answers to the first, being at the head of the excito-motor and cerebro-spinal irritants, while Ars. holds the same position in regard to the cells generally; and so, of course, to all the tissues which they go to form.

That is, Ars. is a general cell-irritant, and as such acts on the nerve cells themselves directly the same as on the cells of all other tissues; it is then in some degree homeopathic to almost every structural lesion, but acts more specifically upon some tissues than upon others; it can excite the motor muscles so as to cause vomiting, directly from the solar plexus, or reflexly by direct irritation of the mucous membrane of the stomach; while Ipec. acts only from some part of the sympathetic. Ars.<sup>20</sup> and Nux<sup>8</sup> should have been given every hour in the paroxysm, and every two hours after. Two days after had a paroxysm as usual, but the chill was much shorter and the skin was hot, while the feet and hands were cold; there was much less heat than usual, and slight chilliness, but was more thirsty and drank more in the same time than ever before in her life; is better to-day than any time before, since she had the chills. Nux and Ars. are now given as they should have been before, but the Nux should have been a little lower and the Ars. higher, and repeated every three to six hours; or they might have been alternated every day. This patient died some two years after of liver complaint and dropsy; so reported. She had, however, no chills again till the end of the summer.

**CASE 82.—April 2. Adelbert L., 3. (633.)** Slight chill between 10 A.M. and 11 A.M. every day for five or six days, and great heat all the afternoon followed by sweat; good appetite in the apyrexia with thirst, and thirst in the chill, less in the heat; lips blue; face pale with a shade of blue. Nux<sup>8</sup> 2 every three hours.

April 3. Very slight chill, and heat, and sweat this forenoon; was all through in a few minutes. Cont.

Three weeks ago this boy had the ague, and took Cina and Bell.; the last removed the cerebral symptoms, and left the malaria smouldering away in the sympathetic and spinal systems, and two weeks after, the chills returned without the cerebral symptoms; although the chill is slight, yet the blue lips, in the paroxysm, the thirst in the chill and after the heat, and hunger in the apyrexia indicate that the spinal system is mainly disordered, and that the "great heat" is in part reflex; there could be no mistake in giving Nux here, and it cured, but when there is so much heat, it is safer to alternate a sympathetic irritant.

**CASE 83.—April 6, 1 P.M. Mrs. Andrew McW., 20. (645.)** Says she has been in pain thirteen days, since three days before

her confinement; pain is all on the left side; the most pain is in the two back molars, both upper and lower jaws; runs up into the forehead and temple, and across into the right side; only in the daytime; not in the night; warm drink, or chewing hard food aggravates; cold ameliorates; heat with throbbing and beating in the head; shooting pain from the teeth up into the head, and into the ear, which was painful last night; hurts to shut the teeth together.

Last night she awoke and found her teeth tightly shut together, and on opening her mouth she became almost frantic with the pain; lachrymation. China<sup>6</sup> 4, Puls.<sup>6</sup> 4 every hour, eight hours, then every two hours.

April 9, 1 P.M. Had chills yesterday; both mammae are swollen, and there is some heat, but no pain; had heat with and after the chills yesterday, and sweat after; got out of bed and had a chill, followed by heat and sweat, then had headache on the left side for a while, and then the teeth began to ache again worse than ever, though they were well in the morning; took Cham.<sup>3</sup> and Bry.<sup>3</sup> every hour, and felt better. At 9 P.M. the toothache got so bad, she began taking the Chin. and Puls. as before; subject to neuralgia; last winter had it in the back of the head, and couldn't lie down at all; left eye sore; complains of nothing to-day but the breasts. Merc. every two hours.

April 11. Chills every other day; came on at 8 A.M. yesterday; thirsty, with pain in the head, back of the head and limbs; less thirst than before; water tastes bitter; after the chill headache is worse; then has sweat with headache all night, followed by toothache; right mamma enlarged and has several hard lumps in it; has had cold water on it all the time; last night had another chill; thought the cold application caused it; but it was followed by heat and sweat; everything tastes bitter to-day; constipation; hands cold before the chill and during; the back molars are mere shells, and crushed under the pressure of the thumb and finger; oil of cloves aggravated the toothache. Merc. and Nux<sup>6</sup> every two hours.

April 12. Better. Cont.

April 17. Had no more chills, or trouble with the teeth or breasts.

A single reading of this case would no doubt incline one to class it among diseases of the teeth or mammae, and we might ask why not? Does it not belong there? There is the heat, and beating, and throbbing in the head and pain shooting from the teeth to the ear, and hurts to press the teeth together, and cold applications relieve; but it must be borne in mind that she was taken with pain in the head thirteen days ago, and the ninth day after, confined, without affecting the pain. That it occurs only in the daytime, while the pain in periosteal inflammation would be continuous, with aggravation in the night, that the pain and soreness are in the back molars, both upper and lower, and equally so, and it would certainly be singular for an upper and a lower molar on the same side of the face, and exactly opposite each other, to be attacked with periostitis, at the same time; there is no doubt a family predisposition to disease of this kind, since a sister, eighteen years old, had a similar attack last January, located in the right lower jaw (Case 487), for which a last molar was extracted, and after several days, being no better, took a dose of Merc., and was immediately relieved, fell asleep, and in two days was well. And her father has now (Case 644) some pain in the left ear and in a tooth on the left side, aggravated by lying down in the daytime, but not in the night. Still this predisposition by no means proves a specific inflammation of the periosteum of the teeth or jaws. Even the symptoms which seem to establish it really contraindicate it. On the whole, malaria seems to be the exciting cause, and we may look for regular chills.

China and Puls. are given, the first probably for the malarious disorder, and the last for the local, or disorder of the fifth and seventh nerves; was better soon, and two days after in the morning the teeth and jaws seem well; still in course of the forenoon had chills and slight heat, but on getting out of bed the chills were greatly aggravated, and meantime the mammae became greatly swollen, and there was a good deal of heat and sweat. Took some Cham. and Bry. for the breasts, when the pains which had been in the left side of the head, since the chills came on, suddenly went into the teeth, and they were worse than ever; thinks the Cham. at first relieved the breasts, but at 9 P.M. the pain in the teeth got so bad that she resumed the China and Puls.; next day there is nothing left of all this, but soreness of the left eye, for which Merc. is given.

Last winter had a turn of the same pain in the back of the head, and couldn't lie down. Here we see what appears to be a periosteal inflammation disappear entirely during the use of medicines, not pathogenetically homœopathic to the symptoms, and apparently not pathologically homœopathic to such condition. But we see the disease return on the recurrence of the chills with increased severity, and the exact periodicity goes far to establish its malarious character; on the subsidence of the paroxysm nothing remains but soreness of the left eye, for which Merc. is given, to remove the predisposition to take on disorder from remote nervous irritation. On the 10th had a distinct chill at 8 A.M., but meanwhile the irritation has extended to the other branches of the seventh and fifth nerves, and down the spinal cord, so that besides a faithful copy of previous symptoms, we have "thirst in the chill, bitter taste, and pain in the back and limbs."

This time the right breast only was troublesome, being not only swollen and hot, but had bunches in it, so that, without orders they put water upon it, till

at 7 P.M. it seemed to bring on a chill, followed by heat and sweat; so now we have a regular paroxysm every third day, the symptoms being almost exclusively cerebro-spinal, and Nux is the remedy, and Merc. is alternated for the local symptoms. On the 12th the same symptoms recur, only less in degree; three days after had had no more chills and no more pain, and was as well as a post-parturient patient usually is. A very natural inquiry may have been lingering in the mind from the first. Why was China and Puls. given rather than Merc. and Puls., and even Merc. alone? Perhaps it would have been as well; but it was quite uncertain what the disease really was, and China was no doubt given on the hypothesis of malarious disorder, while Puls., besides being as homeopathic as any other medicine, was specially adapted to the parturient condition; and there was also an epidemic of measles raging around.

CASE 84.—April 8. Willie D., 2½. Fever. (651.) Some heat. Has been exposed to measles. Puls.<sup>6</sup> 1 gl. every four hours.

Three months ago, this boy had the ague. There is only a single symptom. Puls. is given because he has been exposed to measles. It sufficed.

CASE 85.—April 19. Mrs. William Van, 62. (663.) Has chills nine or ten times a day, with pain in the back and head, and cold hands and feet. Slight heat and sweat after, followed by hunger. Pressing, heavy aching in the head, with dizziness. Puls.<sup>6</sup> 4 every six hours.

The irregular chills and predominant chilliness in this case, and the lack of heat and head symptoms, point to the cerebro-spinal system, and more especially the posterior spinal column, as the seat of malarious disorder. Besides, this patient has been treated frequently, during the last few years, for what was called spinal irritation, no doubt a rheumatic affection of the meninges. Regarding the disease as essentially malarious, or caused by malaria acting through a rheumatic diathesis, Puls. seems the most appropriate remedy. There were no more chills, and she was well till July. There seems to have been chills for several days before the case is treated.

CASE 86.—April 25, 8.30. Emma J. E., 9. (671.) Had the measles. Eruption disappeared a week ago, and seemed well after; was taken yesterday with a chill, soreness in the chest, and pain and general heat with thirst; chill again this morning, and heat all day; rough, harsh, loose cough, which hurts in the left side, just below the axilla; is worse in the heat; sweat this afternoon; cough is ringing; says her legs ache; eyes sore. Sulph. every three hours.

April 26. Better. Cont.

April 29th.—Chill yesterday, at 9 or 10 A.M., and again to-day; pain in the stomach; great heat; headache and delirium; chill lasted half an hour; cough loose and harsh, and hurts very bad; pain still in the left chest; is chilly in the heat. Bry.<sup>8</sup> every two hours.

April 30.—No chill; frequent, loose, harsh cough, this afternoon; does not hurt her side. Lach.<sup>9t</sup> every hour.

This case followed measles; but the patient seemed well till yesterday morning, when she had a chill, followed by heat all day, with chest symptoms and thirst. To-day, a paroxysm recurred, with the same symptoms, but the pains were aggravated in the heat, and there were pains in the legs, and the eyes were sore. Now, although these pains might occur without any malarious influence, yet the chances are so many against it, that I prefer calling it an ague, and the cough mainly depending upon it. If so, Sulph. might as well not have been given; nor can I see why it should be homœopathic to the disease, considered as a sequel of measles. The malaria is acting from the upper sympathetic and spinal systems, and through the pneumogastric nerve. Puls. is the remedy, and a dose or two of Bry. at first would have done no harm. Even if the loose cough and sore eyes depended on the local irritation of measles, still Puls. is the remedy. On the 26th is better; but, on the 28th, had a chill in the forenoon, and the next day it recurred at the same hour, lasting half an hour, followed by heat, with chilliness, headache, and delirium. The chest symptoms remain. Bry. is given, but it reaches only the single symptom, "hurts very bad to cough," which merely indicates disorder of the serous, fibrous, or muscular tissues of the chest, for which two or three doses would be sufficient, and Puls. should have been alternated with or followed it. In Bry. the cold predominates, here the heat; and there is evidently disorder of the mucous membrane of the lungs, and Bry. don't reach there; while Puls. is homœopathic to all the symptoms except the one, and besides it meets the previous condition of measles. On the 30th, only a little loose, harsh cough is left, for which she has Lach.<sup>9t</sup>. The cough then disappeared, and there were no more chills. Lach. was well enough, but Puls. should have been given, from first to last.

CASE 87.—April 27. Durkee W., 15. (673.) Ague. Chill every other day, and heat every day at the same hour; thirst in the chill, and headache in the heat; pain in the bowels after; took a wet sheet pack yesterday, after which he sweat freely; more heat than chill; some appetite; heat came on day before yesterday, and lasted till to-day, with sleepiness; wants to sleep all the time; nausea. Ipec. 4, one dose; Nux<sup>6</sup> every three hours.

This patient had regular paroxysms of ague every day, but every other day there was no chill noticed. The disorder is cerebro-sympathetic; but there is

some disorder in the upper spinal system, as the chill is not at all reflex, inasmuch as there is thirst with the chill, and the chill is distinct. After the last chill, the heat continued so long that he was put in a wet sheet pack, and he sweat after; still, the heat continued unabated, with nausea and great sleepiness. Ipec. is given, and Nux after. Puls. is the remedy, and should be given in alternation with Ignat. There are too many sympathetic symptoms for Nux alone. Had Ipec. been alternated, it would have done very well. There was no call for another prescription, and, I suppose, it cured. I find no further record.

CASE 88.—May 6. Langdon M., 42. See p. 43, Introduction. (688.)

CASE 89.—May 8. Mrs. Peter H., 50. (691.) Reported. Pain in the left side, and chills. Nux<sup>6</sup> 6 every three hours.

The symptoms in this case are meagre. I could not learn how long she had been sick. There were only pain in the region of the spleen, and chills. No heat nor sweat, as I can learn, though there may be. But she has had the ague a great deal, first and last, and generally used only domestic medicines that cost nothing. There is no doubt about the need of a spinal irritant here, and Nux is sent, but Ars.<sup>20</sup> should have been given in alternation. There is probably disease of the spleen.

CASE 90.—May 9, 1858. Mrs. Benj. T., 44. (693.) Taken with a pain across the back and hips while working in the garden; had chills, and hot flashes, and sweat; shooting pains through the eyes, ears, and into the stomach, with nausea and pain in the bowels; seems as if tightly bound across the epigastrium and lower part of the chest. Puls. every two hours.

The action of the malaria seems to have been precipitated in this case, and the pains in the back have much less significance than they otherwise would have. The shooting pains, and pain in the bowels, and nausea, and sensation of being bound indicate disorder of the pneumogastric nerve, but the malaria is, no doubt, situated in the sympathetic ganglia, and from thence acts in all directions; the shifting pains may be referred to the fifth nerve; all the symptoms seem unfixed and shifting; the chills and hot flashes indicate that the malarious disorder has been prematurely developed; there is no persistent symptom except the nausea, and that is probably due to disorder of the solar plexus; the spinal system is, no doubt, implicated, at least the posterior column; the pathogenesis of very many drugs will cover these symptoms; but Puls. is the only truly homœopathic one; Ignat. and Ipec. would cure, but no sooner. Was well in two days.

CASE 91.—May 12, 1853. John B., 5. (694.) Reported. Chills and heat, with difficult breathing every other night; nausea, and no appetite. Ars. 2 every two hours.

This is a very simple case as reported. The first symptom indicates malarious irritation of the spine; the second, in the cervical ganglia; and the balance, disorder of the pneumogastric nerve. Ars., Ipec., and Puls. are all homœopathic, and would cure, but there is no sweat nor vomiting, and so Ars. has the preference.

**CASE 92.—May 16, 3 P.M.** Alonzo S., 25. (701.) Chilly with heat, on being uncovered; bowels feel sore and irritated; some headache; sweat all last night, and didn't sleep; mouth dry and lips gummy; urine looks like strong beer, scalds, and burns, and smells strong; thirsty, but don't relish any drink; takes only a little at a time, and wants it often; makes his stomach feel bad; nausea and dizziness after eating anything; joints are all lame and painful after being flexed a while; mouth very dry, and continued thirst; aches all over, except the small of the back; skin itches, and if he scratches he sweats, and the skin gets very red; pit of the stomach sore to pressure; faint hollow sensation, with pain across both hypochondria; burning, gnawing pain at the pit of the stomach and in the bowels, with darting, piercing through the stomach. Ars.<sup>st</sup>, 1 gr. every six hours for twenty-four hours, then Strychnine<sup>st</sup>, 1 gr. every four hours for twelve hours.

12 P.M. Rode home several miles on horseback, after getting the prescription, and went to bed; had great heat after; there was less puffiness of the legs, but more of the knee-joint, which is covered with large red blotches almost like the sting of a bee; top of the foot is the same; the calf of the leg is covered with a very bright scarlet eruption, as if the blood had started from under the skin; does not disappear on pressure; skin is now moist; knee is so lame he can't move the leg, and can hardly move at all; ate his supper with a good appetite at dark. Bell. every two hours.

May 17, 7 A.M. No swelling of the legs, but hands are swollen, and have patches of scarlet eruption on the back; hands and feet stiff, and wants to put them in cold water; they feel all the time as if he was holding them in hot water, or had been stung by a bee or wasp; bones sore on pressure. Bell.<sup>o</sup>, Rhus.<sup>o</sup> every two hours.

May 18, 10 A.M. Alternate chills and heat yesterday afternoon and evening; stinking sweat almost all night, like old-fashioned

ague sweat; chilly on the least exposure; not much thirst or appetite; right arm lame. Cont.

10.30 A.M. Raised himself in bed and got a chill in a moment; no stool; rumbling in the bowels and rolling, with pain. Ars.<sup>st</sup>, 1 gr., Strychnine<sup>st</sup>, 1 gr. every three hours.

May 20. Is up and about; took a wet sheet pack twice; the first time with great relief, and the sheet was yellow after it; some pain in the head; right shoulder lame; mouth had a taste of blood this morning, and seemed to bleed; bad teeth; some appetite for sour things; abdomen bloated; one very hard stool yesterday; feet cold; urine looks like strong beer, and burns when passing. Sulph. every four hours.

This is a hard-working, very active man, who has taken a great deal of Calomel and Quinine, and other medicines for the ague; is always dosing, but seldom stops work for anything; the malaria is now located in the posterior spinal column and sympathetic system, especially in the hepatic plexus; the liver has been disordered a long time; he comes to the office, some five miles from his home, and complained that he was so sick and weak this afternoon that he had to lie down, and so chilly, though it is a very warm day, that he had to put on an overcoat, and now if he takes it off is so chilly, and shudders all over; sweat all last night, and didn't sleep any; skin is hot, and itches, but smarts and turns red if he scratches it. It is not easy to determine the amount that the liver contributes to the general disorder. But from the fact that the patient has had malarious fevers, more or less, for years, it is but reasonable to suppose that that organ has become diseased, and may now be the source or starting-point of an irritation, alternating or concurring with the malarious disorder. The long persistence of a diseased condition, the uncertain character of the hepatic disease, and the extent of the general disorder leaving no organ or tissue, except the lungs, untouched, unerringly point to Ars.

There may be a question as to the action of Ars. upon the liver, or whether it acts at all. But when there is not a single symptom that indicates what the peculiar character of the disorder is, I think there need be little hesitation in trusting to Ars. rather than Merc., or Pod., or Bell., or Puls., or Nit. ac., or Nux, or Rhus. Had there been a bilious diarrhoea we might have given Bell., or Podoph., or even Puls., but for Puls., with so much sympathetic disorder, there should be some, of the respiratory apparatus, while for Bell., there should be some cerebral symptoms more than "dizziness after eating." There are not enough intestinal symptoms for Merc. or Nit. ac. The spinal system is too little disturbed for Nux alone. Ars. then is right, but Strychnine has no place. Bell. might be alternated with Ars., with some advantage, perhaps. The singular symptom of the skin sweating, and turning very red when scratched, is due to a specific hyperesthesia of the skin, and is met by Ars., Puls., Rhus, and Bell. In the evening something like nettle-rash was developed, and as the eruption was bright scarlet, Bell. is given. If Bell had been given with the Ars. it might have prevented this, but if it had not it would certainly have been considered

as a Bell. aggravation. Very many of the so-called aggravations are neither more nor less. If one is to rely upon a single remedy and a characteristic symptom, we have a perfectly characteristic one in the rash for Bell., and the prescription is correct. I think Ignat. or Rhus quite as homœopathic, and Ars. should have been alternated with one of them. The next day the eruption appears in patches on the back, and the hands are swollen and stiff, and feet hot, even when in cold water. This determines the disease to be an acute and probably specific dermatitis, acute œdema, for which Apis is a specific.

The symptom is peculiarly characteristic here, as the disease has been transferred from the knees, or rather the rash after disappearing from the knees, appears on the back, and in the swelling on the hands.

Apis at that time had received but little attention, else probably it would have been given, and so he had Rhus and Bell.

Ars. should have been alternated with Rhus. The chills will be likely to return, unless a spinal and a sympathetic irritant are given. One symptom we ought not to pass unnoticed, that is the soreness of the bones, or rather the periosteum, on pressure. It looks as if the disorders of the connective and serous tissues were intimately related, and gives us a clue to the action of Apis in dropsy, and the relation of dropsy to diseases of the skin independent of glandular disorder.

The next day we learn that there were alternate chills and heat in the afternoon and evening, and stinking sweat all night after, and intolerance of cool air in the morning, and pain and rumbling in the bowels. These symptoms certainly call for Merc., but it should be alternated with Ars.<sup>20</sup> Ars.<sup>20</sup> alone, if persevered in might cure, as would Puls. and Ars.<sup>20</sup> sooner. But Merc. should certainly be given to-day. Ars. and Strych. are given; the last without a single indication. Next day was packed with much relief; took a second and was worse. The next day we have the sequel of the dermatitis, rash, and packs on the mucous membrane, in the bloody sputa, bloated abdomen, hard stool, and burning urine. There were no more chills nor heat.

**CASE 93.—May 26. Nathan J. T., 16. (717.)** Cold, chilly, yesterday forenoon; heat in the afternoon, and sweat after; some appetite; pain in the bowels, with diarrœa several days; griping; tongue dryish, and has a very yellow, short, stubby coat; throat sore and hurts to swallow; headache yesterday; thirst in the chill and heat; felt weak and faint when walking yesterday; sweats most on the face and scalp; cheeks very red. Cham.<sup>6</sup> 4 every four hours.

This patient had diarrœa several days. Yesterday headache all day, and in the morning was cold; was chilly all the forenoon after, followed in the afternoon by heat and sweat. There is no doubt of malarious disorder here. There is, however, a strange mixing up of symptoms; a lack of congruity, rather indicating two distinct sources of irritation, a malarious, spent mainly upon the face, head, and throat, through branches of the fifth and eighth nerves, and the sympathetic aggravated by the local irritation of the mucous membrane of the

bowels. The appetite and thirst are from hyperesthesia of the pneumogastric nerve, from spinal and probably sympathetic irritation. The length of the chill is uncertain, as it is not very well defined, and there is a long interval between it and the heat, which last is equally undefined. After the heat there is some sweat, and to finish up, we have partial or local "sweat on the face and scalp, with red cheeks." This last symptom is considered as really characteristic of Cham.; and Cham. was probably given for that symptom. "But sweat on the face and hairy scalp" is much more characteristic of Puls. One difficulty in selecting a remedy is, the incongruity of the symptoms. For instance, "some appetite" and "dryish tongue with a yellow stubby coat, and diarrhoea with griping," are almost incompatible. But this condition of the tongue depends upon nervous irritation, as much as the hyperesthesia that causes both the appetite and thirst, and will subside with the other symptoms. They are reflex, and so Cham. is homœopathic so far. The symptoms are all more like Cham. than Puls.; the condition of the tongue contraindicates the latter. Merc. is better for that and the sore throat, but the fauces are not red, and there is no evidence of glandular disorder except in the intestines; and Ars., Cham., Rheum, Jalap, Colocynth, and two hundred other medicines, are just as homœopathic to the abdominal symptoms as Merc. Cham. is given, and cured.

**CASE 94.—May 26.** Charles M., 16 mos. (721.) Bleeding followed by watery discharge from the nose and left ear; forehead sore to pressure, and right parotid is swollen; had a chill to-day, with vomiting and cough and frequent stools, and was spotted all over, followed by heat and sweat after. Puls.<sup>6</sup> 2 every three hours.

This boy had a turn of ague the 2d of February, and another the 1st of March. Subject to otorrhœa. Now, whatever diseases he may have had, there is no doubt that the present one is essentially malarious. The ear and nose symptoms only indicate aggravation of previously existing disease of the nostrils, ear, and fauces, while the vomiting, coughing, and diarrhoea in the chill indicate a similar aggravation. The malaria is acting on the posterior spinal column, and through the pneumogastric nerve and branches of the fifth; to which conditions Puls. is homœopathic, as also to the spotted skin indicating venous congestion. The heat and sweat following the chill is still more evidence of malarious irritation. For all these there is but one remedy, and that is Puls. For the malarious disorder, Puls.<sup>8</sup> every two hours, two or three days; then for the otorrhœa, Puls.<sup>20</sup> 3 every night. Puls. cured.

**CASE 95.—May 31, 10 A.M.** George B., 2 $\frac{1}{2}$ . (728.) Chill last night; heat. Reported. Acon. every two hours.

This case is only reported. There was only heat after a chill, but its persistence indicated a vaso-motor irritant, and Acon. was sent. There was no further complaint. Were there other symptoms besides heat, Acon. would answer no purpose whatever.

CASE 96.—June 22. Mrs. John Van, 37. (738.) Chill this morning; pain in the back of the neck and bones, and all over, this morning and yesterday; backache; pain all over the head; heat now; cough worse in the daytime, but loose, with expectoration; no appetite; tongue coated white and edges red; sometimes is dry, and feels sore; feels stupid; lungs sore, and hurts to cough; stitches in the right side behind the short ribs; in the chill, nails were blue and fingers white, and felt as if some one was sprinkling her with cold water, which was trickling down all over her; hands were cold; chill lasted an hour, and was followed by great heat; no chill since; sweat in the heat and after it; back of the neck lame, and feels very weak. Merc. 6 glob., and Nux<sup>6</sup> every two hours.

June 24. Better. Cont.

June 25. Some appetite; dreadful headache this morning over the right eye; loose, hollow, husky cough, with considerable expectoration at times; night sweats; some pain and soreness in the right hypochondrium; the pain over the eye is a hot pain, and relieved by cold water, and is indescribable. Cont. Nux.<sup>6</sup>

June 26. Better. Cont.

The malaria in this case seems to be located in the posterior spinal column, hence the pains and sensation of being sprinkled with cold water, and the lung symptoms through the pneumogastric, though, probably, some of them may be due to disorder of the mucous membrane, independent of malaria, hence the cough. The sweat in the heat indicates more than simple nervous disorder of the lungs; a portion of the heat and other symptoms are mainly reflex spinal. We require here a spinal irritant, and not only so, but one that specially acts upon the posterior spinal column and pneumogastric nerve, and has some relation to the mucous membrane of the lungs. Puls. is the remedy. But Merc. and Nux are given. They are homœopathic to some of the symptoms; Puls. to all, and yet, though Puls. acts upon the sympathetic system, I would alternate it with Ars. They would have cured in two days, whilst it took Nux more than a week, although the spinal symptoms were so greatly predominant. If, however, the liver was seriously disordered, which is not likely, Merc. had more to do with the cure than Nux, and should have been continued.

CASE 97.—June 29, 9 A.M. Adelbert L., 3. (739.) Taken night before last with a chill, followed by heat, that has continued ever since. Vomits everything he swallows, and drinks a great

deal; skin very hot; abdomen very hot and full; no sweat; no appetite; tongue coated white. Acon.<sup>6</sup> every hour.

This is trifling. There is no use of dallying with Acon. in the fevers of a malarious district. Puls.<sup>3</sup> and Ipec.<sup>9</sup> are the medicines, and should be alternated every hour. Acon. had just cured a case with no symptom but heat, and it was tried again, I suppose, for that reason.

June 30, 9 A.M. Less heat; has vomited three times; seemed to have a chill this morning, with thirst, and vomited; nausea now; dry hacking, which almost chokes him; picks his nose; two dark watery stools yesterday. Acon.<sup>6</sup> and Nux<sup>6</sup> every two hours.

July 2, 10 A.M. Took a bottle of vermifuge yesterday; hacking, loose cough; abdomen bloated; restless and thirsty through the night; no appetite; has just eaten a little, and vomited. Puls.<sup>6</sup> every two hours.

July 3, 4 P.M. Rested well last night; cough loose; heat all day; some appetite; sometimes vomits when he coughs; fauces red; sleeping in the heat; pulse very frequent; abdomen bloated. Puls.<sup>6</sup>, Ipec.<sup>6</sup> every two hours.

July 4, 6 P.M. Heat continues; cough loose and harsh; some scarlet spots under the left ear; burning heat occasionally; restless the last part of the night. Bell.<sup>6</sup> every hour.

July 5, 7 P.M. Heat all day; abdomen less bloated; frequent respiration; one natural stool; whines and complains; hands and abdomen very hot, and feet too cool; feet bloated, and have been some time. Ars. 2 every two hours.

July 6, 7 P.M. Better every way; no heat. Cont.

July 7, 9 A.M. Heat all night; restless; thirsty, and seemed to have colic; abdomen bloated; tympanitic; loose cough; three or four dark, muddy-green, very offensive stools last night, and one this morning; vomited before the first one last night; some appetite this morning; rumbling in the abdomen. Chin.<sup>6</sup> 1 every three hours.

8 P.M. Heat and thirst all day; three yellow stools, but more natural; some cough. Cont.

July 8, 9 A.M. Three yellowish, slimy, watery stools; heat all night, none this morning; respiration frequent; no pain; bowels hot and rumble. Cont.

8 P.M. Better. Acon.<sup>6</sup> if there is heat, every hour, otherwise, continue China.

July 9, 10 A.M. Abdomen less bloated; no stool, or heat, or thirst; some appetite and sweat this morning. Cont.

July 10, 9 A.M. Chill early this morning; hands, nails, and lips blue or purple; chill last night the same; nausea; headache; discharge from the right ear; been discharging occasionally for a year; feet bloated; harsh, loose cough; picks at and pulls out his hair; slight delirium; respiration frequent; heat since the chill; some appetite; craves sweet things. Sulph. 4, 1 dose; Nux<sup>6</sup> 2 every three hours.

July 11, 10 A.M. Heat and sweat all night; loose, harsh cough; thirsty; no appetite. Cont.

July 12, 4 P.M. No more chills nor heat; one small stool; good appetite; neither bowels nor feet bloated. Nux<sup>6</sup> 2 every five hours. Cont.

July 15, 7 P.M. Cough continues; feet bloated again. Ars. 2 every six hours.

Here we have a case of malarious fever, remittent in form, with disorder of the sympathetic system predominant. The skin was hot and dry day before yesterday, after the chill, and so ever since, with thirst, and has vomited all he swallowed; and Acon. is given, when it should be Nux and Ipec. Probably the solar plexus is the centre of irritation, but the vaso-motor system is only indirectly disordered; and the utmost that Acon. can do is to lessen the force of the circulation and thus relieve the sympathetic ganglia, and so indirectly lessen the heat and the vomiting. But Ipec. will do it, if it can be done at all, directly and much sooner. Ipec. and Gels.<sup>2d</sup> would do even better. The gastric symptoms are too pressing for Gelsemin. alone. If the pneumogastric is not relieved soon there will be cough. Next morning there is a chill with similar symptoms, and dry, hacking cough is added, and diarrhoea, and Acon. and Nux are given. The Acon. does nothing. There is no evidence that it has lessened the heat a fraction of a degree. There are cases where there is heat with vomiting and diarrhoea, in which a fortieth of a drop of the tincture of the root of Aconite will arrest the vomiting at once. It never does it however in malarious disease. Nux will do something; but Puls.<sup>3</sup> and Ipec.<sup>3</sup> are the remedies, every two hours. Next day there is no chill, and not much change otherwise. Puls. is now given, and next day, when somewhat better, Ipec. is added. I would now give Ars. in place of Ipec. On the 4th there is some evidence of the action of scarlet fever or measles poison; he has been constantly exposed to one or both for some time. This has aggravated and somewhat complicated the symptoms. Bell. seems to have been given at a venture on that assumption. The next day it is found that the feet have been oedematous three or four days, and the abdomen has been much bloated from the first. There may be effusion in the peritoneum, but he won't allow any one to touch him. Ars. is the remedy, and should have been given

before, if not from the first. The restlessness without delirium, the persistent heat, and permanent bloating of the abdomen, should have led to the selection of Ars. before. There can be no possible excuse for not discovering the œdema of the feet sooner; nothing should escape a physician's notice. The next day after he began to take the Ars. is better; there is no heat; the disease is assuming an intermittent form; the malarious disorder is being developed, and a spinal irritant should be given, as there will be a chill soon. On the 7th there is a return of the first symptoms, and heat and thirst all day, and China is given. Ars.<sup>20</sup> should be, with Puls., though there was no chill or other indication for a spinal irritant. There is no improvement till the afternoon of the 8th, when Acon. is added to China, if there is heat. Next day the heat terminates in a sweat, and there is an intermission; the malarious disorder has triumphed; no diarrhoea, heat, or thirst. Early next morning has a chill, with great disorder of the pneumogastric reaching to the brain; there is some heat after the chill; the respiratory and many other symptoms have returned, and the feet are œdematosus again. A dose of Sulph. is given, which very likely did no harm, as it was only 4 globules of the 6th, and Nux is selected as a spinal irritant, and probably is the best for the case, but it should have been alternated with Ars.<sup>20</sup>, every four hours. On the 11th, we learn that there was heat and sweat all the night before, and loose cough with thirst; and Nux is continued. Three days after, there is only some cough, and the feet are again bloated, and Ars. is given. Nux and Ipec., Puls. and Ipec., and Puls. and Ars., and Nux and Ars. would have cured this case in the above order, or either couple would, if persisted in, in half the time it did take.

CASE 98.—June 29. Andrew McD., 31. (741.) Typh. intermittent. Sick two weeks. Chilly about 3 P.M. every day, with pain in the stomach and bones, with yawning; feeling of fulness in the hypochondria and bowels; diarrhoea, with griping; some nausea, with faintness and trembling; some appetite about noon; bad taste; dry mouth; soreness behind the sternum; cough in the heat, after the chill; sweat this afternoon; pain and sensation of fulness and pressure in the head; nose bleeds and dry coryza. Nux<sup>6</sup> every three hours.

There are quite too many sympathetic symptoms here for Nux alone, though the spinal predominate. Merc.<sup>6</sup> should be alternated with Nux<sup>3</sup>, every two hours, for the diarrhoea, griping, and pressure in the hypochondria.

June 30. Pain in the head at 1 P.M., with rumbling in the bowels and alternate heat and chills; pain in the bones; sweat last night; less weak, but has little strength now; sore inside; hurts behind the sternum to take a long breath; seems to draw from the sides and up to the chin; better than yesterday. Cont.

And Nux is continued, though the rumbling in the bowels, night sweat, and

soreness in side emphatically call for Merc. The chills are now mingled with the heat.

July 2. Heat every night; skin is hot and dry, but there is a sensation of coldness; shivering and chills run over him if he moves; feels shaky and shuddering; tongue dryish, coated white, feels stiff, and is broad and deeply fissured. Gums feel swollen, almost sore, and feels like pressing the teeth together; headache, and when he stirs, seems as if the eyeballs would come out; hands and feet prickly, as if asleep; no appetite; mouth and gums feel slick, slippery, slimy; shoulders, hips, and small of the back feel sore, as if bruised; has not been well since he went into the river, bathing, six weeks ago; no thirst; water nauseates; slight dry cough, with soreness in the chest and in both hypochondria. Puls.<sup>6</sup> every two hours.

This prescription is very well, but Nux and Merc. would be better. The posterior spinal column is getting more disordered, though the Nux has lessened the disorder in the anterior; Puls. meets that very well, but the sympathetic symptoms are too marked to trust to anything less than Merc. or Ars.

July 3. Hurts to cough, in the chest and head, but most through the temples; occasional sweat and heat and chill; tongue coated and red in the middle; constant pain through the temples; seems as if the brain was drawn up; yellow, watery diarrhoea; soreness and tired feeling in the hips, and hurts to move; some soreness at the pit of the stomach; no thirst. Cham.<sup>6</sup> every two hours.

Cham. is not called for here; there are no reflex symptoms. Bry.<sup>3</sup> and Merc.<sup>6</sup> should be given. Bry. and Ars. would do well.

July 5. Some heat; sweat last night; eyes red and watery; head feels heavy; scalp and brain feel sore; very weak; thirsty; tongue red and dryish, and feels slippery; partial chills. Cham.<sup>6</sup>, Merc. every two hours.

Merc. would do quite as well without Cham.; but if a spinal irritant is not alternated the chills will return. Bry. and Merc. are the medicines.

July 6, 7.30 A.M. Better, but head feels thick yet. Cont.  
11 A.M. Headache again; comes on at sunrise, or a little

after, and gets worse and worse till night. Nux.<sup>6</sup> every two hours.

Bry. is beyond a peradventure the medicine here; and I would alternate it with Ars.<sup>30</sup> every two hours.

July 7, 8 A.M. More heat; some tenderness about the navel on pressure, and also at the pit of the stomach; some dry cough, which hurts in the head, abdomen, and right hypochondrium; tongue red and dry in the middle, with patches of a white coating; some heat; one stool this morning; head feels heavy; scalp sore over the top and front of the head; breath foul; water-gruel tastes well; thirsty. Bry.<sup>6</sup> every two hours.

The typhoid disorder has been creeping on at a snail's pace, but the red tongue and the sensation of constriction in the brain are only the initiatory symptoms, which now have become rheumatic soreness of the scalp and meninges of the brain. The soreness of the chest is also muscular and rheumatic, and really foreshadowed the present condition. Bry. should be alternated with Ars.<sup>30</sup>, or at least Rhus<sup>8</sup>, every two hours.

8 P.M. Heat all day and sweat. Cont.

July 8, 7.30 A.M. Not much heat this morning; no appetite; tongue dry and partially coated, red, and fissured; mutters in his sleep and reaches after something; cough is better; loose, and don't hurt much; says the heat begins at the base of the brain, and runs up with a roaring; one stool. Bry.<sup>6</sup>, Rhus<sup>6</sup> every two hours.

It is too late now to think of arresting it. The prescription is well enough.

7 P.M. No stool; pain in the bowels; abdomen not bloated, but tense, like leather, and when percussed sounds like a drum; tongue the same; slight hacking cough; breath very offensive; headache; pulse 95; pain during micturition; hot skin, with sweat; eyeballs are not red, for the first time; less thirst. Acon.<sup>6</sup> every hour in the heat, and cont.

The slight hack of typhoid fever now appears, with the foul breath, accelerated pulse, and the hard, firm, tense, leather-like abdominal parietes; and yet Acon., that has not a single symptom, and can only promise to lessen the heat by its general vaso-motor action, is to be given half the time.

July 9, 11.30 A.M. At 11 A.M. the knees felt cold, but all the

rest of the body felt too warm; no stool; urine rather scanty; no thirst; pain in the bowels, with tympanitis; has taken nothing but Acon.; says he feels stronger. *Rhus*<sup>6</sup>, *Acon.*<sup>6</sup> every hour.

**12 M. Appears better. Cont.**

It is not clear that this amelioration of symptoms is due to the Acon. Whatever we may do, if a sympathetic irritant is not given, we shall lose ground in the end, as the abdominal symptoms will take the lead, and the cerebral will closely follow. *Merc.* should be given with *Bry.*

**July 10, 9 A.M.** Abdomen tender and tympanitic; less cough; skin is dry, but has been moist; tongue moist, coated white, and deeply fissured; lips dry and scabby; very thirsty; knees cold; breath very offensive, and has a mercurial smell; occasional chilliness, but is not cold; no stool; slight appetite. *Sulph.* 4 glob.

**1 P.M. Feels better. *Merc.* every two hours.**

Was it the *Sulph.* 4 glob. that made him feel better this afternoon? The prescription is a good one, as far as it goes. *Bry.*<sup>3</sup> and *Merc.*<sup>20</sup>, it should be.

**9 P.M.** Rumbling in the bowels this afternoon, and sensation as if he must go to stool; scanty urine, with frequent inclination to pass it; is very red and thick, and smells bad; abdomen tender to pressure, but not distended; sounds like a drum on percussion, but most on the left side; keen, sharp pain, with burning during micturition; pain in the small of the back; pain in the bowels, as if from the rolling of wind in them, or as if the water he drank was running along and hurting; less cough; some expectoration; skin hot, with sweat this afternoon; faint with nausea, and no strength during and after micturition, with straining and pressing down; tongue red, and dry in the middle; pulse 80; no heat; skin some moist; knees cool now, but have been warm; wheezing respiration. *Ars.* 4 glob. 1 dose, and cont. *Merc.*

A dose of *Canth.* is better here than *Ars.*; and the *Bry.* symptoms are returning, and will bring cerebral with them. *Bry.*<sup>3</sup> and *Merc.*<sup>20</sup> are the remedies.

**July 11, 7 A.M. Better. Cont. *Merc.***

**6 P.M.** No soreness in the abdomen; urine free and natural; pulse 84; some heat; mouth tastes very bad; no appe-

tit; skin moist; hands hot and dry; some cough, and bloody expectoration; aphonia; feels weak; don't like to talk; some thirst; slight nausea to-day; lachrymation. Ars. 4 glob. 1 dose, and cont. Merc.

July 12, 7 A.M. Tongue cleaning; no heat; skin moist; sat up some this morning; no appetite, but ate a little; no nausea, chills, or headache; less cough, and that loose; knees and feet cold. Phos. 4 glob., and cont. Merc.

8 P.M. Better. Ars. 4, every four hours.

Merc. seems to be doing the work slowly, but it should have been continued. Too much credit is given to Ars.; and a cerebro-spinal irritant is necessary, or the chills will be likely to return, though Merc. may worry them out after a while.

July 13, 7 A.M. Didn't rest well; some heat, thirst, and general soreness; ate a little too much yesterday; no stool. Puls. 4 glob., and cont. Merc.

Puls. is a very good prescription, and might have been alternated with Merc.

9 P.M. Chill at 9 A.M., and heat after, followed by sweat; hurts to cough; abdomen sore; pain and burning during micturition. Cont. Merc.

Should be Bry. and Merc. The abdominal soreness is probably muscular.

July 14, 8.30 A.M. Skin moist; slight pain in the abdomen; ate a baked apple this morning; mouth dry, and tastes bad and salt, like codfish; voice weak yet, and husky; no stool. Cont. Merc.

8 P.M. Abdomen quite full and tender; some pain; skin moist; inside of the hands dry; Sulph. 1 dose. Difficult micturition; strains a long time and only passes a little, and that very scanty and high-colored; frequent desire; inclined to sleep.

8.30 P.M., Canth. 5, 1 dose, after giving an enema that brought away a small quantity of natural faeces, but no more urine. Merc.<sup>30</sup>, every three hours.

What the Sulphur was for, is a matter of speculation. Canth. was very well; but at this late stage, Ars. is likely to do more. Bry.<sup>8</sup> and Merc.<sup>30</sup> are the remedies.

July 15, 9 A.M. Rested well last night; vomited yellow bile

this morning; nausea now; feet, hands, arms, and knees have been cold; didn't feel cold to him; tongue has a slight yellow coat; no stool; griping and jerking pain in the abdomen, with tenderness to pressure, and soreness at the pit of the stomach; very offensive breath. Em. t. 4 glob. Repeat the enema, and cont. Merc.<sup>30</sup>.

Should be Ignat.<sup>3</sup> and Merc.<sup>30</sup> every three hours.

8 P.M. Some heat, with nausea and retching all day; abdomen hot and tender; strains a little during micturition; tongue red and moist; pulse 86. Bry.<sup>6</sup> Em. tart. every three hours.

Merc. has been given a long time, and it may be well to change it. I would give Ars.<sup>30</sup> with Bry.; but Merc.<sup>30</sup> before Em. tart.

July 16, 9 A.M. Some heat and nausea; abdomen tender; slight, loose cough with some expectoration. Bry. and Merc. 3 every three hours.

8 P.M. Better. One small stool this morning. Bry.<sup>6</sup> and Em. t. 5 glob., every four hours.

There is too much changing here. Em. tart. is very well, and next to Ars. in this case, and should not have been changed for Merc. this morning. It is more specially a sympathetic irritant than Merc., and very properly resumed. It should have a chance when once selected.

July 17, 8.30 A.M. Better. Some uneasiness in the abdomen; some appetite; pulse 90; wants a thousand things to eat, but says bread tastes best of anything. Cont.

9 P.M. Better. Cont.

July 18, 8 A.M. Better. One natural stool. Cont.

9 P.M. Better. Cont.

July 19, 8 A.M. Some pain in the abdomen; feels dull. Merc. and Rhus.<sup>6</sup> every two hours.

The prescription should not have been changed; or, if changed, it should be to Ars. for Em. tart.

9 P.M. Better. Cont.

July 20, 8 A.M. Same; abdomen very tender. Bell.<sup>6</sup> every hour; Sulph. every four hours.

July 21, 8 A.M. Better. No medicine.

7 P.M. Cutting and darting pains in the hypogastrium; no stool; good appetite; sweats profusely at night; slight chill in the afternoon, with heat; no thirst; skin more moist. Bry.<sup>6</sup> and Merc. every three hours.

It was well enough to hold up, and see what the symptoms might be, without medicine. But a chill followed, perhaps from a new supply of malaria, or perhaps the old is not eradicated. At all events, there were very few symptoms of disease this morning, and yet had a chill this afternoon, with pains indicating disorder of the lower sympathetic. If Ars. and Bry. had been given since the 15th, we should not have had the chill. But Nux and Ars. would be better now.

July 22, 8 A.M. Had an enema of cold water, followed by a small stool; seems better. Cont.

July 23, 6 P.M. Some pain and soreness in the abdomen yet. Cont.

July 24, 8 P.M. Paroxysms of pain just above the umbilicus, cutting, sharp, darting; dry, hacking cough; abdomen sore to pressure; seems as if something clutched the parts, and was drawing them together; sometimes hangs on till it makes him sweat profusely; sensation of coldness in the part; some heat; pain is ameliorated by pressure; head feels hot and full; Bell. every hour, while there is pain; after which every two hours.

In this case, Bell. seems to be carefully selected, and the proper remedy, and was given twelve hours without effect. It has what would be considered a keynote, or characteristic symptom, griping and clawing around the navel, which obliges him to bend double. The symptom of the disease is "pain above the umbilicus, as if the parts were clutched or drawn together." There is, besides, "soreness of the abdomen; head feels hot and full;" "pain makes him sweat profusely;" and "ameliorated by pressure,"—just equivalent to "obliges him to bend double." It would seem that Bell. should cure this in twelve hours, if ever. Nux. comes next: having "gripping and clutching in epigastrium, going and coming," nothing said about being relieved by pressure. Next we have Colocynth: "Constrictive feeling in the upper part of the abdomen," and "Constriction (spasm) in the abdomen, every few minutes, eased by pressure with the hand." None of these remedies has sensation of coldness in the part, but Ars. and Calc. have, with five-and-twenty other drugs.

July 25, 8 A.M. Pain in the abdomen continues unabated; lies with his knees drawn up; is full of wind; feels best when sitting up; sweats nights. Colocynth<sup>6</sup> 6 every two hours during the pain.

9 P.M. No pain. Cont. every four hours.

July 26. Better. No medicine.

Colocynth seems to have removed all those annoying symptoms, though pathogenetically not as homeopathic as Bell., or even Nux. Pathologically, they are either more homeopathic than Bell. Colocynth seems to act specifically upon the lower sympathetic system. The disorder is paroxysmal, and so depends upon irritation of some nerve-centre, and probably below the solar plexus, as there are no gastric symptoms. The pain is in the colon, and, from its clutching, drawing character, in the muscular coat. It is not characterized by soreness, else pressure would not relieve. The colon is distended with gas, and the pains sharply defined. The knees are drawn up, and so they would be for Merc., because it relaxes the abdominal parietes, and so takes off the pressure from the tender bowels, while for Coloc. the knees are drawn up firmly against the abdomen, because pressure relieves. All the symptoms are within the sphere of Colocynth. Technically, Nux comes the nearest, but must give place to Colocynth pathologically. Besides, the soreness of the abdomen in Nux is like that in Merc. Colocynth is the remedy. But something more is necessary. Colocynth has done all it can. There is evidently malarious disorder of the spine and whole sympathetic system, for there is a return of nearly the same symptoms pretty regularly, every five or six days,—much too regular, allowing for interference of medicinal action to be accidental; and the intermission of symptoms has been so complete that the medicine has twice been discontinued. Nux, as we have seen, is next to Coloc. in this case; and Ars., as a sympathetic irritant, reaches the whole case, while it has the specific symptom, sensation of coldness at a spot in the abdomen. I would, therefore, give Nux<sup>20</sup>, Ars.<sup>20</sup>, every three hours.

**July 28.** Pain in urinating; urine scanty, red, and thick, with a red sediment, or cloudy and very offensive. Canth. every three hours.

Had Nux and Ars. been given there would be no need of Canth.

**July 31.** Dry hacking cough, with pressure at the lower end of the sternum; poor appetite; pain over the eyes and through the temples; lameness in the feet, ankles, and knees; feet sore, and hurts to step; could walk across the floor but for that; after sitting awhile is so lame he can hardly get up; cold between the shoulders; pale; looks bad, and feels weak. Sulph. and Bry.<sup>4</sup> every four hours.

This is a lame prescription. Puls. and Ars. meet all the symptoms, and should be given. Nux is better than Bry., and one hundred other remedies equal to Sulphur. Even aggravation from rest, the characteristic of Rhus is equally characteristic of Puls., and Puls. and Ars. should be given.

**Aug. 1.** Better. Pain in the track of the ureters during micturition. Canth.<sup>4</sup> 1 dose.

Puls. and Ars. would have anticipated this.

Aug. 4. Every day feels a coldness between the lower angles of the shoulder blades; heat in the afternoon, with a sharp pain in the right temple, followed by dizziness; appetite good; bowels regular; heat in the right hypochondrium; feels very hot there; right leg numb, and prickling in the right foot; pain in the right knee and ankle; heavy aching through the joints, with occasional sharp pains. Nux<sup>6</sup> 4 every four hours.

Nux and Ars. are better, and though numbness and prickling are characteristic of Nux, they are equally so of Puls., and I would quite as soon have Puls. But there are too many sympathetic symptoms cropping out every day or two to trust to a spinal irritant.

Aug. 8. Very weak; dull headache every afternoon; stomach feels bad, weak, and trembling; soreness of the left side to pressure, with pain, and hurts to take a long breath; pain in the wrists, elbows, and ankles; bowels feel bad occasionally; soreness in the groins, aggravated by walking; trembles all over; constipation; good appetite; is hungry after eating. Cont. every three hours.

The disease is essentially rheumatic, and, of course, muscular, as it has been all the time. Puls. and Ars. are the remedies. Nux is not bad.

Aug. 16. Feels well, only the legs and arms are weak and lame after walking; something seems to give way just about the knee-pan; trembles after walking across the room; feels sleepy, and wants to be lying down all the time; feels as if he had no life. Chin.<sup>6</sup> 4 every four hours.

I should give here Puls. and Ars., though Chin. may answer.

Aug. 28. Pain in the right chest. Bry.<sup>6</sup> 3 every three hours.

And thus terminated a protracted case of disease. A malarious disorder running through a rheumatic diathesis, complicated with a quinine cachexia, and I have reason to think an old complaint of the bladder from an imperfectly cured gonorrhœa. The disease had a low or typhoid character from the first. Such fevers generally hang on, no matter how skilfully treated. There were quite too many mistakes made in this case.

CASE 99.—June 30, 7 P.M. Vandever M., 7 mos. (745.) Ague. Been complaining four days; every other day has great pain and distress; at 4 P.M. begins to moan, and cry, and breathes

hard, and groans; then chill, followed by heat, and sweat after, and is sick all night; pimply eruption all over; tongue coated white; ears cold and white; fretful last night; seemed to have something like pleurisy; three thin, watery, green stools yesterday; cutting teeth; sweat on the forehead during the pain; feet were cold; twitching of the muscles of the mouth. Cham. every two hours.

Cham. is not specially indicated here. The symptoms do not seem to be reflex. Still it answers to some of them.

July 5, 6 P.M. Has been much better, but yesterday morning a chill came on at 10 A.M. and continued till 3 P.M., and then slept; waked with a scream; has had turns of screaming every ten minutes ever since; rumbling in the bowels, and pain occasionally; constipation the day he has a chill; is quite smart every other day, and has been; yesterday was his worst day; two sour-smelling, curdy, watery, yellowish-green stools to-day; has turns of bad breathing. Cham.<sup>6</sup>, Ars., 2 every six hours.

The first attack in this case seems to have been on the 26th, and every other day there has been a paroxysm at 4 P.M. and lasting till morning; the alternate days is quite well. There is a regular chill, and heat, and sweat requiring a spinal and sympathetic irritant, but it is trusted to Cham. alone, because of the symptoms, "cutting teeth," "sweat on the forehead," and "twitching of the mouth." This is well enough so far as they are concerned. The reflex irritation from the teeth may aggravate all the symptoms, and even cause those mentioned, but they are not the disease. It may even cause the screaming from exciting cerebral disorder, yet it will take some time to cure this case with Cham. alone. The length of the chill, its distinctness, and the regularity of the paroxysms are quite sufficient to show an amount of spinal disorder requiring a spinal irritant, and Ignat.<sup>8</sup> is, no doubt, the best. Ars.<sup>20</sup> should be alternated with it every two hours. Ars. and Cham.<sup>6</sup> cured the case.

CASE 100.—July 1. Eliza S., 18. (754.) Typh. intermit. Taken five days ago with steady aching pains across the hypogastrium; heat; Tuesday night had a hard chill; has taken Dover's Powder, Castor Oil, and Opium; had a chill, with cramps, and cold feet; day before yesterday afternoon had chills; pulse 100; tongue has a thick, yellowish-brown coat; has red hair, and very fair skin; cheeks purplish; has had a blister plaster on the abdomen, but it didn't draw; tongue tremulous; nasty, sticky, bad, slimy taste; troubled with pain

in the chest; soreness to pressure in the right hypochondrium so she could hardly get her breath; soreness at the pit of the stomach, also of the abdomen to hard pressure; abdomen has a firm, doughy feel, and not very full.

No appetite; sensation of great weakness; faint on rising; occasionally thirsty; some pain through the forehead; sensation of dryness in the mouth when it is moist; craves lemonade; has drank it; chills if she gets out of bed; offensive breath; dull, heavy pain in the left shoulder; sometimes jerking pains in the right hypochondrium, hindering her breathing; always has it after any hard work; can't lie on the left side very well; hard swelling on the left side of the neck; some small ones on the right side. *Bell<sup>6</sup>, Nux<sup>6</sup>* every two hours.

7 P.M. Four very dark papescent stools to-day, with griping; pulse 100; is better. *Merc.* 4 globs., 1 dose, and cont.

There is probably malarious disorder of the sympathetic system in this case, with a low grade of vitality, whether there is any specific typhoid poison or not. There is the tremulous tongue, with brown coat; firm, doughy feel of the abdomen, and foul breath, indicating *Ars.* And then there is the glandular disorder of the bowels, and also indicated by the hard swellings on the neck, and symptoms of disorder of the liver. The chills are most likely reflex sympathetic, being very obscure and undefined. *Ars.<sup>20</sup>* and *Merc.* should be given every two hours.

July 2, 2 A.M. Was sent for in great haste; has had three copious, dark-colored, papescent stools, with griping; more heat; abdomen more painful and tender; feels very weak; mouth swollen, and tongue looks as if she had been salivated; breath very offensive, and skin moist. *Ars.* and *Nit. ac.<sup>3</sup>* every two hours.

7 P.M. Three stools similar to the others, only smaller, and with less griping; skin moist. Cont.

The reason for alarm here is, that a diarrhoea with us is considered the most unfavorable symptom that can occur in this form of fever. The great exhaustion from a few copious, dark stools is sometimes really frightful.

July 3. Tongue more sore, but moist; abdomen less sore; pain in the bowels returned last night, but not as bad; feels very weak. Cont.

Such paroxysms, whether of pain, cramp, diarrhoea, or other disorder, are very apt to occur here in all fevers. It is sometimes the only evidence that we

see of malaria. If left to itself it would recur regularly every night, or every other night.

July 5. Better yesterday; to-day menses came on, and the pain returned very severe; tongue looks worse, and is very dry; lips dry and scabby; skin moist, and rather warm; general throbbing sensation through the abdomen; had cold, wet compresses on the abdomen, with relief, though warm ones aggravated. Sulph. every three hours.

July 6. Better, though the tongue is about the same; one stool; ate some porridge this morning. Cont.

She was well in three or four days, and took no other medicine, though the family had a case and book, and usually prescribed for themselves. Perhaps no better treatment could be given, though I should prefer Ars.<sup>20</sup> in such a case. Mur. ac. and Natr. mur. should not be forgotten in such cases.

CASE 101.—July 4, 8 A.M. George C., 37. (760.) Miller. English. Taken this morning with severe pain in the head; seems to be in the centre; has had it occasionally for some time; tongue slightly coated; pain in the bones; submaxillary glands swollen and sore, and hurts to swallow; mouth moist; bad taste; feels aguish; skin hot, and generally dry. Had cold water on his head, but it chilled him and made him worse; pulse 92; constipation; can't bear cold water to touch him. Ars. every two hours.

July 5, 8 A.M. Back lame this morning; bones feel sore; one hard stool; skin a little moist; throat sore; hurts to swallow. Bell.<sup>6</sup>, Ars., every two hours.

6 P.M. Better; not much heat, and some sweat; little headache; one hard stool; back still lame; bones less sore; lower lip sore on the left side; submaxillary glands sore. Cont.

July 6, 6 P.M. Rested well last night; some pain in the back; throat sore; no sweat; some appetite; large scab in the left nostril. Has had cold, wet compresses on the back without relief, but was not chilly. Merc. every three hours.

July 7, 6 P.M. Better. Has been down to the mill. Next day was at work in the mill.

This case is almost precisely like the last, and should have had Ars. and Merc. first, and then, if necessary, Ars. and Nit. ac. The symptoms are much less grave here, however. But he is subject to ague, and the malarious symptoms took the lead.

CASE 102.—July 16. John D., 8 $\frac{1}{2}$ . (792.) Reported. Has had heat all day. Acon.<sup>6</sup> every two hours.

July 19. Yesterday and the day before had a chill at 1.30 A.M., with thirst, headache, pain in the leg; same symptoms in the heat, which lasted six hours, and wanted to be covered all the time, was so chilly; was blue and purple in the chill, and very pale before. Nux<sup>6</sup> every two hours.

July 21, 9 P.M. Yesterday, at 11.30 A.M., had a regular shake, with thirst; very little thirst in the heat, and no sweat; severe headache; blind on rising; seems as if his head would split; chill to-day at 1 P.M.; wanted to drink as soon as it commenced; in a few minutes complained of cramp in the inside of the thighs; cries out with pain, and the touch aggravates. Mur. ac., 4 glob. And these paroxysms have been recurring several hours. Ten minutes after taking the acid was quiet at least ten minutes sooner than at any previous time, and after an hour he is lying quiet; is very thirsty, and don't want to be disturbed, only to drink. Ars.<sup>3</sup> every three hours; Acon.<sup>6</sup> every half hour in the heat.

July 22, 2 P.M. Chill came on as yesterday, same every way, but not as bad; diarrhoea; blister at the right angle of the mouth. Nux<sup>6</sup> every three hours.

July 23, 1 P.M. Several yellowish-brown, jelly-like stools this forenoon; heat left before 6 P.M. yesterday; some appetite to-day; face yellow.

1.30 P.M. Complains of being chilly; hands first turned white, then yellow, with a heavy blue shade over them; then wanted drink; feet began to cramp, and then were extended straight out; then the hands cramped, and he began to cry; cramp of the inner side of the thighs; general coldness of the skin, and feet are icy cold; complains that his legs are so stiff he can't bend them; convulsive, spasmodic respiration; head remained hot, except the ears, through the paroxysm; skin is spotted or mottled all over. At 2 P.M. was quiet and perfectly easy; sweat profusely this morning. Took 1 drop of Nux<sup>6</sup> in a teaspoonful of water immediately he began to cramp, and twenty minutes after Ars.<sup>6</sup> 2 drops. Nux<sup>6</sup> every three hours.

July 24. Chill at 12 M. to-day, but much lighter; Lach.<sup>6</sup> 1 gr., 1 dose, and cont. Nux.

July 25. Same as yesterday. No medicine.  
July 26. Same. Veratr.<sup>6</sup> every two hours.  
July 28. Same, but lighter. Quinine<sup>11</sup> 1 gr. every six hours.  
July 29. Chill and heat as usual yesterday; none to-day; no appetite.

In this case the sympathetic symptoms were predominant at first, but there was some disorder of the posterior spinal column, hence the chilliness on being uncovered. Three days were lost in giving Acon. to no purpose whatever, and we find the disorder pervading the whole spine, and the chills predominant. All the sympathetic symptoms are now reflex spinal, for all the symptoms of the chill go over into the heat, and no new ones appear. Nux is given, but too high or too low; should be the 8d or 80th. Nux seems to be the remedy, but perhaps Ignat. would be as well. Next day has a regular shake, with thirst, and some cerebral symptoms. Next day the chill came on with thirst immediately, and cramp in the inside of the thighs,—a tonic spasm every hour, and lasting fifteen or twenty minutes each time. Nux is homœopathic to just such spasms; but he had been taking Nux, and something else must be thought of. Happening to remember the symptom of cramp in the thighs in the pathogenesis of Mur. ac., that was given, and he was quiet in ten minutes after the paroxysm commenced. An hour after it has not recurred, but continues very thirsty. If this was really the effect of the acid, it has been much underrated. It has generally been used for abnormal conditions of the blood and destructive processes of the mucous membranes and skin. If it could be raised to a spinal irritant, as some of its effects in adynamic fevers have indicated, it would answer well with Nux in this case. But I question whether it ever produced or cured a cramp of the muscles of the thighs by direct or centric spinal irritation. I had rather risk Nux or Ignat. with Ars., but Acon. and Ars. are given. The next day has a similar chill, but not as bad, with diarrœa, and has Nux again. Next day the diarrœa is worse, and has tonic spasms of the lower extremities, and tonic and clonic spasms of all the muscles. Had Nux and Ars., and they should have been continued, but Nux was given finally alone. Next day the chill is lighter, and had a dose of Lach.<sup>9</sup>; had some Veratr. after, and finally Quinine, and was soon well.

I cannot but think that if Nux<sup>20</sup> had been alternated with the 3d, and both with Ars.<sup>20</sup>, there would have been no need of Quinine, and I doubt if Quinine had much to do with the cure any way; and the cramps stopped as suddenly when nothing was taken as when the Mur. ac. was. It was time for the paroxysm to wind up just when the acid was given, and that didn't prevent it. Veratr. was promising when it was given, with the cold blue skin and cramps; but Strychnine has the best claim of all. It is one of those rare cases in which it is indicated. It should have been tried.

CASE 103.—July 9, 10 A.M. Thomas D., 50. (772.) Taken five days ago with pain in the head, but was sick and felt chilly before; was sensitive to cold air, but had no distinct chill; not much heat yesterday, but great heat to-day; heavy, aching pain

in the stomach. Hurt his stomach two years ago, and has not been well since. Darting pains from the bowels to the back, and down into the legs and feet; calves of the legs ache; tongue dry, and has a thick yellow coat; thirsty, but refrains from drinking for fear it will hurt him; water gives him a chill; has tried to vomit; faint feeling, with nausea; some water-brash; vomited day before yesterday, and sweat after; has taken bone-set, and three cathartic pills, which caused nausea and vomiting; sternum is sore to pressure; pain in the head is very severe, and hurts it very much to vomit; came lately from Vermont, and was never sick before; the pain is through the forehead, and back of the neck; eyeballs sore and lower jaw bone; bitter taste; some cough, rather dry; sensation of fulness in the stomach; severe pain through the abdomen; shortness of breath; pain through the limbs and bones; great debility; pain in the back, sharp; bowels are the hottest; wants to be covered close in the heat; dizziness and vertigo on rising; pressing pain in the stomach, and in both hypochondria, as if hooped and bound together. *Nux<sup>6</sup>* every two hours.

July 10, 10 A.M. Griping, with flatulence; one natural stool; some pain in the calves of the legs, and some in the head and back of the neck; dry cough; no pressure across the hypochondria; sweat last night; some appetite; eyeballs sore. *Sulph.* every three hours, twelve hours; then *Nux<sup>6</sup>* every three hours.

This man came from a part of Vermont where agues are unknown, and has been in the country only ten days, but he came across Michigan from Detroit with his family, in a wagon, and on the 4th was taken with cerebro-spinal symptoms, and especially chilliness, so great and persistent, that he couldn't bear the least air, or to drink cold water. The greatest disorder seems to have been in the posterior spinal column; hence the chilliness, and pains in the stomach and limbs, and gastric symptoms through the pneumogastric, as also the short breath. The sympathetic is also disordered, as appears from the persistent heat, and gastric and abdominal symptoms. The solar plexus also seems much disordered, as the persistent vomiting shows; but this may be from the reflex local irritation of the *Eupatorium* and pills. There are a good many *Eupatorium* symptoms since he took the medicine. The treatment of a case bedevilled like this can never prove satisfactory, as a person who would take such treatment will be very little likely to persist in any rational course. *Nux* is taken, but it should be *Nux<sup>3</sup>* and *Ars.<sup>6</sup>*. *Nux* seems to have removed some of the symptoms, as the sensation of a band around the body. All the symptoms to-day may be found in *Eupatorium*. A few doses of *Sulph.* are given, probably for the sake of variety, and *Nux* is continued. Should be *Nux<sup>3</sup>* and *Ars.<sup>6</sup>* every two hours, or *Nux* and *Ipec.<sup>3</sup>*.

July 11, 10 A.M. Didn't sleep last night; at 9 A.M., had a shake; no thirst; pain in the morning in the back and limbs, increased when the heat comes on; sticky but warm sweat after the heat; worse pain is in the head; tongue moist; no appetite; nausea; feels as if he should feel better if he could vomit; vomited some green bile this morning; griping with flatulence; pain now in the back of the neck, but none in the back. Ars. every three hours.

The spinal symptoms, shaking chill, and pain in the limbs, &c., require a spinal irritant here, and the green vomiting either Ars. or Ipec., as sympathetic irritants. The symptoms are clearly Eupatorium. The sticky warm sweat indicates Merc. I would give Nux and Ars.

July 12, 9 P.M. Sweat profusely last night; head feels dizzy and full to-day; some pain in the bowels and back; no chill; slept well last night. Strychnine<sup>2t</sup>, 1 gr. every three hours.

There is not a single indication for Strych. here. There is some disorder of the posterior spinal column, but none of the anterior, and there is no chill. The only indications for Strych. are distinct and predominant chills, and chilliness and tonic spasms. I suppose it may be explained in the same way as the psychological phenomenon of Pat's spitting on his hands before he shoulders his hod. Natr. mur. has a place here, and so has Cimex, but Nux and Merc. are much better; Strych. may do harm here, alone. By preventing a chill, the malarious disorder will be thrown altogether on the sympathetic system, and there will be increase of heat, thirst, &c. It can do no good.

July 13, 9 A.M. No chill, but great heat and very thirsty; heat came on last night at 12 o'clock; was restless all night, but began to sweat at 2 A.M.; head feels very bad; tongue dry and coated yellow; one stool; skin now warm and moist; some nausea; pain through both temples. Cont. every four hours.

The sympathetic symptoms are verging upon typhoid. There is no evidence of disorder of the liver, as the stools are natural. There is, really, only the heat and sweat to meet, and yet I would give a spinal irritant as well as a sympathetic. Natr. mur. would do, but I prefer Ign. and Ars.

July 14, 4 P.M. Bitter taste in the stomach; some headache in the forenoon; stomach feels pressed, loaded; skin moist and cool; feet cold this morning; pain in the back of the neck; nasty taste; foul breath; no heat; some pain in the back. Strych.<sup>2t</sup>, 1 gr. every four hours; Bry.<sup>6</sup> every hour in the chill; Acon. every hour in the heat.

There is no possible excuse for any of these medicines here but Bry., and very little for that. Natr. mur. may be thought of, but the moist, cool skin, and bitter taste in the stomach, and cold feet and foul breath, &c., all indicate Ars., and Nux and Ars. are the remedies.

July 15, 8 P.M. Better; was packed in a wet sheet, and got a short chill, followed by heat and sweat profusely after. Cont. Strych.

The pack was unauthorized, and almost as bad as boneset or pills. It has no specific action whatever, and in a malarious district is very apt to cause a chill. It should only be used in a person of vigorous constitution not much reduced, where the skin is very hot and dry; never where there is a tendency to sweat. It is a doubtful expedient in most malarious diseases, and always unsafe in the hands of the inexperienced. Strych. is continued. Among the six hundred drugs of our *materia medica* there is not one more inappropriate.

July 17, 9 P.M. Paroxysm as usual last night with dry cough; much lighter; no chill, but very thirsty before the heat and during, but none in the sweat; sweat a good deal; no thirst to-day; taken with pains, first in the stomach and head, then in the back; some appetite; had nasty bitter taste in the mouth; dyspnoea before the heat. Natr. mur.<sup>6</sup> and Sabadilla<sup>6</sup> every two hours.

The Strych. barely prevents the return of the chills, and yet the symptoms are mostly spinal; the dyspnoea, thirst, dry cough, &c., being in place of the chill, and reflex spinal through the pneumogastric nerve, while the pains probably belong to the posterior column. The prescription is two or three days too late. Besides it requires now a general spinal irritant, as the pains indicate a return of spinal symptoms. Ignat. or Nux, or even Puls. with Ars., would do.

July 19, 9 A.M. Cough is better; headache; yesterday at 4 P.M. was taken with chill and shaking; felt cold all through and all over; some heat at first, and face red hot; drank six or eight tumblers of cold water before he began to shake; heat soon returned, and in two hours from the beginning of the shake, commenced sweating, and sweat profusely all night, with dead heavy pain in the chest and feeling of tension, as of a band around the whole body, at the upper part of the abdomen; some appetite; some nausea; sweetish, bitter taste; skin moist and warm; some pain in the back of the neck. Strych.<sup>2</sup>, 2 glob. every four hours.

Yesterday, it would appear that before 4 P.M. there was a good deal of heat

and great thirst, when some one told him that if he would drink a large quantity of cold water it would break the chills. So he swallowed more than a gallon of cold well-water, and it is not at all surprising that he cooled down and had a shaking chill. But he had heat after as usual and sweat. Strych. is given again. The case is now pretty well mixed, and if Puls. and Ars. could be given with as much persistence as Strych. has been, the case would soon be closed. The original symptoms are returning.

July 21, 8 P.M. Began to shake at 1 P.M. yesterday, and shook three quarters of an hour; thirst in the chill, and pain all over legs, back, stomach, and head; heat after; sweat in about an hour; pains abated in the heat; vertigo till night; good appetite; bitter eructations to-day, aggravated by rising, with dizziness. Sulph. 4 every six hours.

The spinal symptoms are now predominant, and yet Sac. lac. might have as well been given as Sulph. Ignat.<sup>6d</sup> and Ars.<sup>3t</sup> should be given. The first in drop and the second in grain doses every two hours.

July 23, 4 P.M. Shook an hour and a half yesterday, beginning at 11 A.M.; heat after, and sweat all night; in the chill had cramp in the groins and muscles of the thighs; the same symptoms occurred in Case 102 on the 20th, only three days ago, and about half a mile distant; hands and feet were cold; in the heat had pain in the back and head, with thirst; in the sweat, pain in the head. Ars.<sup>6d</sup>  $\frac{1}{2}$  dr. every four hours.

It is certainly a singular coincidence that two persons in the same neighborhood should, in so uncertain a disease as ague, have so uncommon a symptom as cramp in the thighs, so nearly at the same time. It seems to be something more than mere chance. Ars. can do little here without a spinal irritant, of which Ignat.<sup>3</sup> is most homoeopathic.

July 25, 4 P.M. Chill at 9.30 A.M. yesterday; shook hard, and harder and harder; skin was very cold all over; after an hour had chills and heat together; pain in the back, and crampy pains in the left groin; heat, with headache and backache, till 1 P.M.; then began to sweat, and the pain left, except a slight headache, which still remains; burning in the stomach and nausea during the sweat; pain in the calves of the legs after the chill; pain was very sharp, keen, and sudden just after the sweat began, from the left side near the apex of the heart, across the pit of the stomach; it was very cool this morning, and walked out and got a chill; sweat almost all night; thirsty in the middle of

the chill; none in the sweat; nausea and vomiting, after eating, this morning. Sulph. 4 every 5 hours.

July 27, 12 M. Very slight chill yesterday; begs for Quinine; gave him 1 gr. of the first trituration of Quinine every four hours for twenty-four hours.

July 29, 8 P.M. No more chill nor heat.

Nothing can be more stupid than the treatment of this case. It might have been cured in a reasonable time with Nux and Ars., or Ignat. and Ars., or Puls. and Ars.

CASE 104.—July 9, 10 A.M. Homer D., 12. (773.) No appetite the last five days; to-day had a chill; says he don't like the cold air; headache, dizziness, nausea; very tremulous; hands shake; pain in the forehead; arm gets asleep; tongue slightly coated white, and is moist; bitter taste; water makes him sick; feels worst about noon; feels chilly, and shivers when he is hot; thirsty; can't drink much; has sweat more or less every day. Nux<sup>6</sup> 4 every three hours.

This boy came across Michigan with his father. It was noticed five days ago that he was not as well as usual, and didn't eat, and since that has had no appetite; can't learn that he had any chills or heat, but was weak. So the malaria began in the sympathetic system, but to-day extended to the posterior spinal column and excito-motor system, and we have a distinct chill, followed by chills with heat. It is a blunder to trust to Nux alone, when we require a spinal irritant that will act on the posterior spinal column and pneumogastric nerve. Puls. is the remedy, and should be alternated with Ars. I think that Puls. alone might have cured this case.

July 10, 9.30 P.M. Had a chill to-day with cough, dry; sweat as soon as the chill was off; good appetite this morning before the chill. Sulph. 4 glob., and cont. the Nux.

And so we have only a chill and sweat, but the spinal disorder has extended through the pneumogastric nerve to the lungs. Sulph. again puts in its appearance, and Nux is continued. Puls. and Ars. are the remedies.

July 11, 10 A.M. Had a shake, followed by great heat; pain all over, most in the back; difficult breathing; sweat after; no appetite; feels well now, except a dizziness. Ars. every three hours.

The shake and bad breathing indicate that the anterior column has become disordered, and through the pneumogastric has reached the respiratory apparatus.

**Ars.** is given, but too late, and **Nux** is now homeopathic, and should be alternated with **Ars.**

July 12, 9 P.M. Chill at 12 M. to-day; came on when he was in a wet sheet pack. **Strych.**<sup>3</sup>  $\frac{1}{2}$  gr. every three hours.

Some one persuaded them that a wet sheet pack before the chill would cure, and so he came to have the chill in the pack. It wouldn't need repeating often in any one case. The **Strychnine**, though in the 2d decimal attenuation, is of no use. **Nux** and **Ars.** are the remedies. But for the cough, **Quinine** should cure this case now.

July 13, 9 P.M. Felt quite well this morning; chill at 1 P.M., followed by heat and profuse sweat. Cont.

July 14, 4 P.M. When the chill came on at 2.30 P.M. to-day, was put in a wet sheet pack; don't know if he had heat. **Strych.**<sup>3</sup>  $\frac{1}{4}$  grain every six hours, 1 grain.

July 15, 8 P.M. Chill at 5 P.M.; very short; seems better. **Acon.** in the heat. Cont. **Strych.** every four hours.

July 17, 9 P.M. Chill yesterday at 4 P.M. without thirst, and not much in the heat; good appetite to-day; the chill came on at 5 P.M., and was packed again. Cont. every six hours.

July 19, 9 P.M. Chill yesterday at 4 P.M.; to-day, at 5.30 P.M.; at 6 P.M. the heat came on, and soon after he began to sweat, and is drenched with sweat now; goes about the house and out of it every day; is blind when he gets up after the chill; when the chill comes on he drinks a large draught of water, and covers up "head and ears" in the bed; thirst in the heat. **Chin.**<sup>6</sup> every two hours.

After the 18th the chill comes on later and later each time, and the packs seemed to shorten the paroxysms. To-day, there is nothing to prescribe for except profuse sweat and "blind after the chill." The paroxysm, otherwise, is anybody's ague. **Strychnine** has had little to do with this improvement.

**China** and **Ars.**, or **Bell.** and **Ars.**, are the medicines. Either will do, as they have the only symptoms worth naming. The first are cerebro-spinal irritants, and **Ars.** a sympathetic.

July 21, 8 P.M. Chill yesterday with thirst; at 5 P.M. lasted half an hour; heat with thirst after, followed by sweat; good appetite; chill to-day at 4 P.M.; wants to be covered in the heat. **Cham.**<sup>6</sup> every three hours.

Here is not a single indication for **Cham.** **Puls.** and **Ars.** would do well; but

there is no reason for dropping Chin. It should be given in the 3d, and with Ars.

July 23, 4 P.M. Chill about 2 P.M. yesterday and to-day, lasting about half an hour, with thirst, followed by heat for a few minutes, and then sweat; good appetite, and yellow coat on the tongue. Ars.<sup>64</sup>, half a drop every four hours.

Should be Chin., or Nux and Ars. The chill is rather too distinct for Ars. alone. But we are losing ground. There is a chill every day.

July 25, 4 P.M. Chill yesterday and to-day, at 1 P.M., followed by heat and sweat, the whole paroxysm lasting but two hours; no pain; has been up all the afternoon; good appetite; eats heartily. No med.

July 27, 12 M. Slight chill every day before noon. Quinine<sup>14</sup>, 2½ gr. when the chill is on.

July 29, 8 P.M. Chill and heat scarcely perceptible yesterday; none to-day.

This case was treated nearly three weeks, and ought to have been cured in less than one. The mistakes, many as they are and stupid as they appear, are quite easily accounted for. There were three in one family, strangers in a strange place, sick at the same time, and very anxious to get well. They had never before seen any homœopathic treatment, and were very partial to hydropathic, and averse to taking Quinine or Calomel; so instead of treating the cases rationally, there seems to have been a straining for effect, an attempt to cure in some short way, according to the vagaries of some of the writers in our medical journals. And as Strych. had just come forth full fledged from the brain of some medical skylark, one could hardly avoid catching the bird, if only in sheer desperation. It was no doubt a second edition of "Nux cum sale," and backed by even more cases; but a drowning man will grasp at a straw, and anything was better than Quinine, for a sort of taint attached to the homœopath who gave it. This fear of Quinine and insane desire to cure quickly, to cure with a single dose, to cure by prescribing for a single symptom, to get remarkable effects, to cure as if by magic, to make miraculous cures of wonderful cases, and get somebody to print them, is, and has been the bane of medical therapeutic literature. He who expects to see an incurable disease cured in a few minutes by a single dose of an unproven drug, had better postpone its publication when he happens to see it. We should expect effects only from what experience has taught to be adequate causes or means; and when the proper means are used, or being used, we should patiently await the result, and not look for miracles. It is not quite professional, though unfortunately quite too common, to say, "I can knock the disease endways," or "send it kiting." Disease is not to be so treated. The usual result of such fanfaronade in our school, is to give massive doses of Quinine and say nothing about it. And speaking of Quinine, better never give it at all than to give it in the apyrexia. Quinine in any attenuation should be given

in the chill; three to five grains of Quinine, or the first, second, or third triturations given in the chill, will cure very many cases of malarious ague, where the disorder is purely cerebro-spinal, and will arrest and suspend for a while cases complicated with disorders of the sympathetic system. A very distinct chill, or, better, a good shake, little heat, free sweat, with good appetite, no pain except in the back or head, no diarrhoea nor cough, indicate a purely cerebro-spinal disorder, which Quinine will be likely to cure.

CASE 105.—July 11, 1853, 10 A.M. Charles D., 7. (775.) Had a shake, followed by great heat and sweat to-day; sweat was slight. Nux.<sup>6</sup> every three hours.

July 12, 9 P.M. No chill; Strych.<sup>24</sup>,  $\frac{1}{2}$  gr. every five hours; five doses.

July 13, 9 P.M. Chill at 2 P.M.; shook hard; pain in the bowels, arm, and head; thirsty; vomited; some appetite. Cont. every four hours.

July 14, 4 P.M. No chill to-day; some appetite. Cont. every four hours.

July 15, 8 P.M. At 5 P.M. yesterday had a chill; better to-day than day before yesterday. Cont. Strych.; Bry.<sup>6</sup> every hour in the chill; Acon.<sup>6</sup> every hour in the heat.

July 17, 9 P.M. Chill lighter yesterday, with thirst; some, but less thirst in the heat; good appetite; roof of the mouth sore. Cina<sup>6</sup> 3 every three hours.

July 19, 9 P.M. No chill to-day nor day before yesterday; feet very sore and lame; has had a bad kind of eruption on them for some time; they are now covered with dark brown scabs, very large. Cont.

July 21, 8 P.M. Slight chill at 1 P.M.; some heat and sweat profusely after; there is a large blister on the ankle with a blue border. Lach.<sup>10</sup> 2 every six hours.

July 23, 4 P.M. Slight chill and headache every day. Ars.<sup>64</sup>,  $\frac{1}{2}$  drop every six hours.

July 25, 4 P.M. Chill yesterday and to-day at 12 M.; skin was blue; pain in the bowels; two dark green stools; not much heat; sweat after; chill and heat lighter to-day; nausea all yesterday. Graph.<sup>6</sup> every six hours.

July 27, 12 M. The eruption is much better; chills and heat nearly the same. Quinine<sup>10</sup>, 2 gr. in the chill.

July 29, 8 P.M. No more chills or heat.

This is a good quinine case. The symptoms are mostly cerebro-spinal, and a cerebro-spinal irritant is required. Nux, China, or Ignat. are homœopathic as well as Quinine, and Nux is given, but next day is changed for Strych. There is no good reason for this. It was a purely speculative prescription, on the faith of one whose credulity must have been immeasurable. Nux had been taken but one day, and before the recurrence of a chill was set aside. Strych. is then given, and on the third day gives place to Bry. and Acon., because some one had ventilated the notion in one of the journals that Bry. is specific in the chill. Two days after, because he had "hunger in the heat," Cina is given, and so, perhaps, it would have been had he "picked his nose."

Four days were trifled away with Cina, and then Lach. is given for a bad-looking blister on the ankle, to give place to Ars. two days after. Now, if Ars. and Nux had been given from the first, he would have had no third chill. The chills continued, and two days after Ars. is displaced by Graph. for the skin complaint, I suppose, and two days after it is better, more due perhaps to Ars. than Graph. The skin complaint is no new thing, and has no relation to the ague, and probably the blister is no new thing. Most likely, all the scabs or ulcers have thus commenced. Nothing is done for the ague. Ars. is not sufficient here, but Ars.<sup>so</sup> with Nux should be given. The dark green stools are especially for Ars.

And, finally, comes the inevitable Quinine. The last three cases have been egregious blunders from first to last. A week after, they left for another malarious district, some fifty miles away, and I learned had frequent attacks of ague. It is somewhat singular, that in these three cases the chills generally came on nearly at the same hour of the day. When the chills anticipated in one patient they did in all, and so if they postponed. It is possible, that seeing one become cold and shake would excite the same feeling and cause a similar condition in another. Two ague patients should not be in the same room at the time for the chill.

CASE 106.—July 11, 1853, 9 A.M. Maria C., 34. (776.) Pain in the right side, and through the shoulder and back; headache; feet cold like ice, and sweaty; hands and end of the nose very cold; chill in the forenoon, and chills with heat in the afternoon; no appetite; no sweat; thirsty afternoon and evening; drinks but little at a time; can't keep much down; mouth tastes like rotten eggs; every other day has a diarrœa in the forenoon, in the chill, watery, with griping. Cough only after exercise; restless and sleepless at night; menses seem never to stop; sometimes dark red coagula in the morning, which come all at once in course of an hour, and has a little at intervals after; gushes out suddenly when not moving. Bell.<sup>6</sup> and Ars. 4 every six hours; alternate every day.

In this case the spinal disorder clearly predominates; chills with diarrœa in the forenoon, and chills with heat in the afternoon; the heat is in part prob-

ably reflex spinal, and the cough also, through the pneumogastric nerve; the diarrhoea follows the chill, instead of heat, and the cough follows motion or excito-motor disorder; and an excito-motor spinal irritant is required. We have Bell., Ignat., Nux, Puls. and Rhus. Bell. and Ars. are given. Perhaps Puls. and Ars. might be better; either will do well. There were no more chills or hemorrhage.

**CASE 107.**—July 12, 8 A.M. Zach. L., 4. (780.) Chills and heat every day, but no sweat; nausea and burning in the stomach; no appetite; pale; vomiting; skin moist this morning. Ipec. 4 glob. 1 dose; Ars. 2 every two hours.

All the symptoms are sympathetic, but the chills, and they seem to be reflex as they occur only with heat, and there is no sweat. The prescription is a good one; Puls. and Ars. better. Ars. would most likely have cured without Ipec. There was no more chilliness and no farther prescription.

**CASE 108.**—July 12. Wm. P. (781.) Ague. Has felt bad for a week; no appetite; very thirsty; wants to drink all the time, but relishes only cold water; costive; can't eat anything in the morning; sometimes hungry at noon; pain in the pit of the stomach on pressure, or walking, or any motion; pain in both hypochondria, and back of the neck and head, with stiffness and drawing, and tension in the back of the neck; feels very weak; trembling; pale; sensation of fulness in pit of the stomach, and in both hypochondria; griping; tongue red, clean, and rough; bad taste; can't touch his tobacco. Bry. 4 every six hours.

I am aware that very many would say, this is not a malarious disease, it is only a cold; but where are the stuffing of the nose and other catarrhal symptoms, as sneezing, red eyes, and cough; or they might consider it a gastric disorder from over-eating, but he has not over-eaten; they might call it rheumatism, but where is the heat, the swelling, the soreness, the full hard pulse; besides the symptoms are now precisely what they were a week ago, when first taken; if we assume the symptoms to arise from malaria, acting upon a rheumatic diathesis, they are easily accounted for: there is predominant sympathetic and pneumogastric disorder, hence the gastric symptoms and constipation; the persistent thirst depends upon hyperæsthesia of some portion of the pneumogastric nerve, or fifth, or at their origin; the "hungry sometimes at noon," is probably every other day, but the patient could not determine from memory; the want of appetite depends upon disorder of some portion of the pneumogastric and fifth nerves, and the feeling of fulness in the hypochondria and stomach, disorder of the solar plexus.

The pain and stiffness in the back of the head and neck are most likely reflex,

from disorder of the nerves that supply the muscles; the upper cervical nerves may be implicated.

The symptoms as a whole indicate purely nervous irritation, and that, cerebro-sympathetic; for instance the clean, rough, red tongue does not indicate even functional disorder of the liver with constipation, for the tongue should be coated. Then the pain in both hypochondria means only pain in the muscular or serous tissues, more especially as there is no soreness, only sensation of stiffness and drawing, and it is equally on both sides, and there are no symptoms purely gastric, no nausea, no vomiting, only the same sort of feeling that exists in the sides and neck. And then the "bad taste," "don't like his tobacco," and "no appetite," are all included in the disorder of the glosso-pharyngeal, chorda-tympani, and lingual branch of the fifth nerve through the pneumogastric, and so in direct sympathy with the muscular and serous disorder. Even the gripping is a muscular symptom. Bry. is a cerebro-sympathetic irritant and seems to have some specific action upon the upper part of the spinal system. No other prescription is required.

CASE 109.—July 14, 7 P.M. Henry D., 7. (784.) Not been well in five days; had a slight chill day before yesterday at noon, and heat all the afternoon; last night had a hard pain in the bowels with great heat and headache; says his pillow is hard; no sweat; no appetite; eyelids red, and eyes weak; was very nervous last night, grasping at things in the air; skin hot and dry; constipation; complained very much of the heat; not much thirst; has had heat every day, and it comes on earlier each time. Bry.<sup>6</sup> 4 glob., when the chill comes on. Acon.<sup>6</sup> every half hour in the heat, and Ars. 2 every three hours after.

The malarious disorder commenced in the sympathetic system, hence the paroxysm of heat every day for several days, preceding the first slight chill, when the disorder had extended to the spinal ganglia of the neck; has had no other chill; the skin is very hot and dry in the heat; last night the disorder seems to have reached the lower sympathetic ganglia, and there was pain in the bowels. There was disorder, no doubt reflex, of the brain manifested, through branches of the fifth nerve, in redness of the eyes, grasping at flocks, &c. Ars. covers most or all of these symptoms, but some cerebro-spinal irritant should be alternated with it. Of the many I prefer Puls. Better have given water than wasted time on Acon.

July 15, 6 P.M. Better; not much heat to-day. Cont. Ars.

July 17, 8 P.M. Had a chill, and shake yesterday at 4 P.M.; hands and skin blue; thirst before, and great thirst during the chill, and also in the heat; no sweat; has been thirsty all to-day; at 3 P.M. began to look blue; was chilly; had headache, and

has been hot ever since 5 P.M.; no appetite; thinks he wants to eat, but can't; dry cough; sore throat; drinks only a little at a time, but often; face red; white about the nose and mouth. Acon.<sup>6</sup> every hour in the heat, Chin.<sup>6</sup> 4 every three hours after.

And here is another mistake. Chin. is given alone, and too high. It would do very well with Ars. in the third. Acon. seems to have lessened the heat, but the spinal disorder is developing.

July 19, 7 P.M. Chill yesterday and to-day, pain through the hypogastrium and into the back, ameliorated by pressure; pain in the head; chill to-day at 3 P.M.; lasted three-fourths of an hour; heat after two hours; sweat profusely last night, and begins to sweat again now; thirst in the chill, but less in the heat; no appetite till this evening after the heat; wants to be covered in the heat; had crampy pains and cramp in the fingers to-day; bloody urine last night, with sharp, darting pains; complains in the chill of pain in the hypogastrium; in the heat pain in the head; urine dark, scanty, and frequent; has had more or less of this trouble, since he was six months old; has passed gravel several times, with pain and blood. Cont.

The spinal disorder is extending; the anterior column and the lower sympathetic system are worst, and some old urinary disorder is aggravated. The pains in the hypogastrium have foreshadowed it, and all goes to show that Puls. or Nux should have been given with Ars., or with Merc., at least, rather than China.

July 20, 8 P.M. Reported. Chill came on at 1 P.M. and lasted an hour, followed by heat, not yet off at 8 P.M.; was stupid and slept in the heat, and feet were cold and purple; complains of pain at the base of the brain. Opi.<sup>6</sup> 4 glob., Acon.<sup>6</sup>, when there is heat.

The medicines will not do the least good. The long distinct chill and persistent heat require a spinal and a sympathetic irritant, and we have neither. Ignat. or Pulsatilla are as homoeopathic to the sleep in the heat as Opium, and that has no other symptom here. Puls. and Ars., Ign. and Ars., or Nux and Ars., or Nux and Merc. would do well here.

July 21, 7 P.M. In the chill yesterday was thirsty, and drank a good deal; in the heat, had pain in the head and groin, and drank a great deal; heat lasted near eight hours, and returned and continued till 3 A.M.; no appetite; pale, but is up and run-

ning about the house; diarrhoea; very offensive light-colored stools last night; at 3.30 to-day had a chill forty minutes long, with pain in the groin and slight thirst; moderate heat after, with dyspnoea and desire to be covered. Ars. 3 every three hours.

Should be Puls.<sup>3</sup> and Ars.<sup>20</sup> every two hours.

July 22, 8 P.M. Taken at 12.30 P.M. to-day, and had a real shake, and was blue and spotted after; nails blue, feet cold, and limbs stiff; complained nearly as much as yesterday; thirsty as ever; was smart all the forenoon; stretched and yawned this morning, and had blue fingers and nails. Nux<sup>6</sup> every three hours.

The anterior spinal column is taking the lead, and we shall have convulsions or spasms at least. Ignat. and Ars. should be given now. Nux, Natr. mur. have these symptoms, and might be given; the first with Ars. and the last alone.

July 23. At 2 P.M. began to complain, and ends of the fingers got cold; chill came on at 10 minutes past 2 P.M.; skin was spotted or mottled all over; had several jelly-like stools in the forenoon; thirst in the chill, with cramps; limbs stiff and cold; irregular respiration and dyspnoea; headache; pain in the hypogastrium; had a slight chill at 6 A.M.; can't bear pressure on the region of the bladder, but applies gentle pressure himself with both hands over it; complains of his back; has passed some blood after micturition, and complained of pain in the parts before he commenced. Nux<sup>6</sup> every three hours.

Here we have the original symptoms returning, though the morning chill was probably reflex from the local irritation of the urinary organs. If the regular paroxysm or malarious disorder is cured the local will cease. Puls.<sup>3</sup> and Ars.<sup>20</sup>, or Nux<sup>8</sup> and Merc.<sup>20</sup> would cure. A dose or two of Canth. would relieve some of the pains. The jelly-like stools call for Merc., and the cramps Nux.

July 24, 7 P.M. Chill to-day at 12 M. A little lighter than yesterday; abdomen tympanitic. Lach.<sup>10</sup>, 4 glob., Ars.<sup>64</sup>,  $\frac{1}{2}$  a drop every three hours.

July 25. Chill at 12 M. to-day. Complained more of his back and urinary organs; slimy, yellowish-green stools, with pain before and during; very frequent. Merc. 4 glob. after each stool.

Merc. is finally given, but alone, when a spinal irritant is necessary. It can do but little in that dose; should be the third trituration, or the thirtieth.

July 26, 6 P.M. Same as yesterday. Veratr.<sup>6</sup> 4 every two hours.

The mucous membrane has now become seriously disordered and will keep up the chill if not cured, yet it can hardly be done unless the spinal disorder is cured or arrested. Quinine will do this, and the next day Quinine is given, when the chill came on.

July 27, 10 A.M. Same. Quinine<sup>14</sup> 2 gr. in the chill, and 1 gr. when the heat commences.

July 28, 8 P.M. Had a chill as usual yesterday, and took Quinine; no chill to-day.

Had no more chills or heat, and the diarrhoea ceased.

CASE 110.—July 20. Virginia H., 1½. (799.) Ague. Sick two weeks. Appetite irregular; vomits a white, frothy, stringy mucus, after a crying spell, generally in the night; hiccough; took cold at first and had heat; some heat occasionally now; is better every other day; sometimes creeps up by the hot stove; seems to be cold, and wants to lie where it is very warm and be covered up; fretful; picks her nose and lips; starts in her sleep and cries out; bowels regular; abdomen bloated; has three or four large boils; don't sleep well at any time; used to have two or three naps in course of the day; rarely sleeps now in the daytime; cutting teeth; stools smell sour; vomiting; very thirsty before vomiting; sweats whenever she is covered during sleep, or after sleeping. Cham.<sup>6</sup> 1 glob., Nux<sup>6</sup> 1 glob., every two hours.

Though this case does not present the usual characteristics of ague, yet there is no doubt of its malarious character. When taken, three weeks ago, had a good deal of heat, and has had it occasionally ever since with turns of chilliness, and creeping up to the hot stove as if to get warm, and yet no one of the family has noticed whether it occurs at the same hour every day or every other day, or is irregular and uncertain. It happens every day or two at least, and all concur in one thing, that she is better every other day and worse the alternate day. Besides, she vomits in the night, but no one can remember if it is every night or every other night. It is often; and she sweats when she sleeps, and after if she is covered. But, after all, it makes no difference, as she does not sleep in the daytime, so that she sweats only at night or in the morning. Indeed, she don't lie

down in the daytime, unless when she creeps up to the stove. Then there is the thirst before vomiting, sometimes very great, while the appetite is very irregular; sometimes is very hungry, and again won't eat a mouthful. And yet no one seems to know whether these changes are periodical or have any relation to each other. Indeed, it has not occurred to any one that there was anything in particular the matter with her, only she was teething and cross. But she has no diarrhoea, though the stools smell sour. Now, as there can be no question about the chills, or heat, or sweat, the question of periodicity alone remains unsettled, and probably we should not lack the evidence of that if the family were good observers.

The sympathetic system was the original seat of the malarious disorder, hence the heat without chills and variable appetite and vomiting. And the chill and hiccough, and starting in sleep, seem to be only reflex sympathetic, or reflex from the irritation of the gums through the pneumogastric and phrenic nerves. All the excito-motor symptoms are manifestly reflex, and in Cham. we have a cerebro-sympathetic irritant almost wholly reflex in its action. There was no particular need of Nux; still it will do no harm. All the symptoms may be found in Cham. Six days after saw her again; had been taken with a diarrhoea, with several pale, painless stools a day. There was no other complaint whatever. Merc. 1 glob. every twelve hours cured.

CASE 111.—August 1, 10 A.M. Joseph E. S., 41. (830.) Has had chills and heat the last five days; occasionally chills and hot flashes; cold chills run over him when he sweats; nausea; has taken Quinine; worse to-day than before at all; cold water tastes flat and seems warm; nauseates him and causes retching, when he raises a little bile; has had a wet bandage around him all the five days; violent pain in the forehead, vertex, nose, and over the eyes; top of the head sore to the touch; stomach tender to pressure; empty eructations; sensation of constriction or drawing across both hypochondria; sleepless last night, after taking laudanum; restless and uneasy in the afternoon; has taken the Græfenberg pills for ague every day; eyes appear dull; sinking, fainting sensation at the stomach; nausea on rising or after taking cold water; mouth dry; tongue slightly coated; not much sweat; the pain in the stomach is rather a drawing, with great soreness; chills run over the legs and body; can't bear the cold water to touch him anywhere; makes him shudder; thirsty, but don't care to drink much; flat, sticky, slimy taste; feels hotter than ever before in his life; pain in the legs; very hoarse, and diarrhoea. Take off the bandage. Ars. every two hours.

This man has never been treated homeopathically, and is in the transition

state, but is quite partial to hydropathy, and thereby comes wearing a wet body bandage five days, thus balancing the pills and Quinine. If he had bargained for the mixed chills and heat, and diarrhoea, and nausea, and pain in the stomach; and slimy taste, and sinking feeling, and sleeplessness, he couldn't purchase cheaper than with a wet bandage, a box of Græfenberg pills, 100 grains of Quinine at a dollar and a half an ounce, and forty drops of Laudanum. It made him shudder to touch cold water, and it makes one shudder to think of such treatment.

It would be difficult to select the malarious symptoms here, as, whatever they may have been originally, they have lost all character in this company. Ars. is given alone. Better with Ipec.<sup>2d</sup> every hour. No more ingenious plan for getting sick could well be devised. The malaria acting at first upon the sympathetic system caused irregular heat with reflex chilliness. He took Quinine and irritated the spinal system, but the spinal disorder was reflected upon the sympathetic system and increased the heat. The body bandage cooled the intestines down, and the sinking feeling and other gastric symptoms follow with constipation; and when the Græfenberg pills and Quinine and body bandage had produced restlessness and diarrhoea, he takes forty drops of Laudanum and is more restless than before. Had he taken no Quinine, the spinal malarious disorder would have developed a distinct chill before this, and the case would be much more easily managed.

Aug. 9. Slept well last night; sweat a great deal; no heat; very hoarse; subject to it; is always hoarse when he has a diarrhoea, and is subject to diarrhoea; almost loses his voice; has felt very well to-day. Carb. v. 5 glob., Ars. every three hours, but omit every third dose and give Nux<sup>6</sup> 4 glob.

There can be no objection to 5 glob. of Carb. veg.<sup>6</sup> It seems to be a reflex disorder of the muscles of the larynx from intestinal irritation. It does not seem to be disorder of the mucous membrane. If it is, Carb. v.<sup>60</sup> might be homœopathic. Ars. and Nux. are the proper remedies; but it should be Ars.<sup>60</sup>, and Nux.<sup>6</sup>, in alternation, as we shall have to meet spinal symptoms soon.

Aug. 10, 2.30 P.M. Heat came on in the night; was sleepless and restless all night; very thirsty; nausea and vomiting; pain all over, but most in the limbs and stomach; oppression of the breathing; water tastes flat and sickish; chilliness and shuddering up the back when the skin is burning hot; weak and faint feeling at the stomach, with soreness on pressure; one nearly natural stool to-day; constant empty eructations, with retching; soreness of the scalp on the top of the head, with pain in the forehead, running into the eyes and down into the nose on each side; pain in the back; feet very hot; throbbing and beating in the back when there is no pain; took some warm

porridge, and it burned down into his stomach. Puls. every two hours.

It seems that the heat returned in the night, with aggravation of previous symptoms, especially of the spine; and there are also some new ones, especially burning in the oesophagus, from increased disorder of the pneumogastric nerve. Ars. and Puls. are both indicated here, but Ars. has been taken two days, and some of the Ars. symptoms are worse rather than better; and besides, there seems to be more disorder of the mucous tissue and excito-motor system, and Puls. is given. Ignat. and Ars. would do well.

Aug. 11, 3 P.M. Heat yesterday afternoon, and again this morning; tongue clean; bad, sickish, flat, slimy taste; slept well all night; no chill; some pain in the legs, and over the eye, for an hour; no nausea; sweat last night; hoarse; three or four watery stools, with griping; yellow and fetid; some cough; has had a wet sheet pack; complains of pains running up his back; mouth and lips feel dry. Cont.

There is little to note here. The peculiar diarrhoea, the shifting pains and cough, indicate Puls.; and I would give Puls.<sup>3</sup>, and Ars.<sup>20</sup>, or Merc.<sup>20</sup>.

Aug. 12. Was packed twice last evening, and slept well all night; slight dumb pain over the eyes; no stool; some heat; bad taste; sweats freely; good appetite; hoarse. Carb. v. 4 glob., and cont.

He thinks the packs prevent the heat, and he sleeps better after. The first didn't answer last night, and had another. Puls. is very properly continued. We shall see what Carb. v. does for the hoarseness. Besides that, Puls. is both a sympathetic and spinal irritant; and it has a symptom, too, that should not be overlooked, i. e., "pain over the eye."

No chill nor heat nor pains, except a little in the abdomen; one nearly natural stool; feeling of emptiness in the abdomen; skin moist all the time; some appetite, but a very little satisfies; no eructations to-day; good taste; hoarse; sweat last night. Puls.<sup>6</sup> and Phos.<sup>6</sup> every three hours.

Puls. is continued, and Phos. alternated for the hoarseness, I suppose; and it may be homœopathic. It is more likely to be so than Carb. veg.

Aug. 15. Tongue red, and looks rather tender; good taste and appetite; sensation of mistiness and cloudiness in the head, and was dizzy on walking out a few steps this morning; good digestion. Sulph. 4 every twelve hours.

I scarcely know why Sulph. is given. As a general cell irritant, it may be of some use. It is seldom that a cold wet sheet pack can be used with much advantage in this section, there is such excessive sensitiveness to even cool air; and the sudden opening of a door or window will sometimes bring on a chill, and even cover the skin with goose-pimples. I think the packs in this case cut the heat short. Phos. seems to have removed the hoarseness. This symptom has always occurred whenever he has had a diarrhoea, and so may be an affection of the mucous membrane, and so catarrhal.<sup>5</sup> He has been subject to diarrhoea, and finally died of typhilitis, or perityphilitis. So Carb. veg. should have been homœopathic to the diarrhoea to cure the hoarseness. But is Carb. veg. the remedy in every form of diarrhoea with hoarseness? In almost every case of profuse diarrhoea, or exhaustive discharges from the bowels or skin, as colligative sweats, hoarseness is present. Indeed, I never saw a case of cholera with profuse diarrhoea without it; and it may often be noticed in cholera morbus, and yet who would think Carb. v. a specific in all such cases? This was the last prescription.

CASE 112.—Aug. 10. Mrs. A. P. H. (832.) Taken yesterday with pain in the bowels and griping; rode out in the hot sun; has sharp, shooting pains all over; feet burned as hot as fire, and yet she was chilly and faint all the time; chills and heat all the afternoon, and heat all night; felt cold and had "goose-skin" while she was almost burning up; nausea; some thirst; mouth dry; water aggravates; pain all over; no appetite; face swollen; puffiness below the eyes; headache; tooth-ache—a darting, burning pain; sometimes a clammy, sticky sweat, with cold skin, when she felt hot, and seemed as if her legs and arms would come off; hands and feet warm now. Ars. every three hours.

Aug. 11. The diarrhoea and griping ceased this morning; feet and hands burn; good appetite and taste; no pain; back weak; some soreness in the bowels. Cont., and also Acon.<sup>6</sup> when there is heat.

In this case, the disease was prematurely developed by exposure to the hot sun. The disorder of the skin from the excessive heat is transferred to the intestinal mucous membrane, hence the diarrhoea, and the reflex irritation of this local disorder upon the sympathetic system, developed the incubating malaria, and then follow the heat and chills from the reflex disorder of the spinal system, mingled with heat, and burning of the feet, and faint feeling from disorder of the solar plexus, and goose-skin from disorder of the spinal ganglia, and clammy sweat and cold skin, and all the jumble of irregular symptoms. And besides, there is redness of the eyes, and bloating below. We need here not only a sympathetic, but a general cell irritant. There is but one medicine that comes near filling the bill here, and that is Ars. We may, however, think of Nux and

Puls., as Ars. has not burning of the hands and feet. But the burning of the hands and feet in Puls. is connected with lung disease, and that of Nux with some skin complaint. But as a spinal irritant is needed, perhaps, or at least may be, I would give Puls. with Ars. The next morning, however, all the symptoms but the burning and soreness have disappeared, and Ars. is continued, and nothing farther was required.

CASE 113.—Aug. 13, 1853, 9 A.M. Charles P., 30. (840.) Fever typho. English. Not well for several days; taken yesterday with headache, and got worse; took rhubarb; been at work in a stone quarry, under a hot sun, and had the headache four days, but appetite was very good; the rhubarb has operated several times, with griping; sweats a good deal; thirsty, but when he gets the water into his mouth can't swallow it, it tastes so bad; some heat with griping now, and bowels are sore to the touch, and the abdomen is sunken; some nausea; pulse 60; mouth feels dry; aversion to food and drink; tongue reddish at the point, but brown and dry and smooth elsewhere; groans, as if in great anguish. Ars. every two hours.

8 P.M. Better. Cont.

No doubt malaria has much to do with this case. It appears somewhat mixed on the face of it, but on the assumption of malarious disorder all is plain. The heat of the sun and the irritation of the bowels by the rhubarb developed the malarious irritation of the sympathetic system, which has heretofore caused a slight feeling of general illness, and hypersesthesia of the pneumogastric; hence the good appetite, even when there was headache. The whole finally culminated in gastric disorder, and all the abdominal and other symptoms recorded,—all characteristic of Ars. The spine has not been reached, and so we have no chills nor excito-motor symptoms. The tongue, the sunken abdomen, and the previous history told of typhoid fever to come; and had there been no malaria, it would have followed. Ars. cured. This case is somewhat like 112.

CASE 114.—Aug. 17, 1853, 9 A.M. Emily B., 24. (851.) Been sick, and had heat two days; began vomiting early this morning. Puls<sup>2</sup> every three hours.

Aug. 21, 8 P.M. Went to meeting this morning; came home and complained of a pain in the head and stomach; has had some heat all day; light hurts her eyes; no appetite; some thirst; throat sore this afternoon; tongue dry and red, and papillæ enlarged; was not well for a day or two last week; some cough. Ars.<sup>6</sup> every hour.

I can discover no cause for this disorder but malaria; had heat the last two

days, but it intermitted; this morning began to vomit, and yet had eaten nothing since the day before, and then very little. The sympathetic system seems to be at fault, and for so slight a disturbance as there was on the 9th, we need think of but two drugs, Puls. and Ipec. But as the patient was a woman, and there was nothing but mucus or water vomited, Puls. is the remedy, and it relieved at once; but four days after was taken again, in the morning, with pain in the head and stomach, followed by heat and thirst; no appetite; dry, red tongue, and cough. There seems no good cause for this disorder, as she had not over-eaten or overdone, and we may be sure that it is only a further development of the malarious disorder commenced last week. Ars. is given, and she was cured.

CASE 115.—Mary Van., 24. (872.) See page 44, Introduction.

CASE 116.—Aug. 24. Emma B., 21. (876.) Has had chills and heat for some time; taken several medicines; no better; some thirst, little chill, and much heat; seems in pain all over; has a paroxysm every day; not much sweat; headache; no appetite. Ars. every two hours.

The malaria in this case is seated in the sympathetic system, and has been some time, but it acts more or less upon the spine, especially the posterior column, hence the pain all over, and slight chilliness. There would be less pain if there was more chill. The pneumogastric seems to have escaped, as there are few gastric symptoms, of which I am satisfied, though the case is only reported. We need first a sympathetic irritant, and Ars. is probably the best, and it would be well to alternate Puls. in most of these cases where the posterior column is disordered. Ars. alone cured here, as the disorder has barely extended to the spine, and may be wholly reflex yet.

CASE 117.—Aug. 26, 10.30 A.M. Spencer A., 30. (879.) Chill about 10 A.M., with headache; heat and sweat after, and feels quite well again by 1 P.M.; poor appetite, and more or less headache for a week; no thirst; is weak. Ars.<sup>6</sup> every two hours.

Here a distinct chill, and heat, and sweat paroxysm is trusted to Ars. alone. Should be Chin.<sup>8</sup>, or Nux<sup>8</sup>, and Ars.

Sept. 1, 9 A.M. Has been much better; was a little chilly last night when he went to bed, and had a chill at 7 A.M. to-day; profuse sweat last night. The first chill he had yesterday was an hour long, followed by heat, and then had another chill at 3 P.M.; very thirsty, with nausea in the heat; wanted to drink a great deal of cold water, but that nauseates him; severe head-

ache in the heat, but none in the sweat, which came on before the heat left; some appetite and thirst now; no headache or chill to-day; some pain in the right hypochondrium, aggravated by deep inspiration; some cough and expectoration every other day; tongue generally moist, with bad taste in the mouth. Ipec.<sup>6</sup> 1 glob. in solution every hour during the paroxysm, and Bell.<sup>6</sup> every two hours after. .

This man owns a share in a saw-mill on the river, and has to "run" it himself, as the other owners are non-residents. He employs twelve to fifteen men constantly, and can't spare time to be sick, or even to detail his symptoms. But I know of his having had the ague a great deal in the last six years, and that he has taken a great deal of Quinine, and other ague medicines, and Blue Pills, and Calomel, and a variety of drugs. The symptoms the first day are meagre, but the spinal and sympathetic disorders seem about equally divided.

To-day Merc., Ars., China, and Puls. are indicated. But he has taken so much Merc. and Quinine that both Merc. and China are out of the question. The reason why the paroxysms no longer yield to Quinine and Cholagogue, &c., is, that the liver has become a source of local irritation, which is reflected upon the spine and sympathetic system. Nux and Ars. are the proper remedies, though Ipec. and Bell. will do much. Still it requires something more than a cerebro-spinal irritant. The medicines helped him to continue his work. Two years after had the ague occasionally, and a chronic diarrhoea. Had done nothing then in a long time, and some time after died of consumption.

CASE 118.—Sept. 9, 2 P.M. Hattie A., 10. (1028.) Chills and heat twice a day; heat all night, and very thirsty, but takes only a swallow at once; no appetite; bitter taste. Ars. every hour.

Irregularity of paroxysm, and mixed symptoms, as chill, with heat and little sweat, are somewhat characteristic of Ars.; has had the ague some time; I can't learn how long. Thirst, but takes only a swallow at a time, is said to be characteristic of Ars., but a number of medicines must, at times, have the same symptom. It occurs in many diseases, as measles, nursing sore mouth, &c. The significance is this: "water tastes so flat, insipid, warm, or bitter," in short so bad that it can't be swallowed, although the thirst is very great. The symptoms all belong to Ars., but as there is a somewhat distinct chill, and, besides, sometimes two a day, I would give Puls. in alternation. She had three or four paroxysms after, and had no more.

CASE 119.—Sept 10, 12.30 P.M. Joseph L., 60. (1034.) Ague. Has had chills; shook hard in the night; not much heat. Two days after, to wit, yesterday afternoon, had a slight chill, but the most heat he ever had; no appetite this afternoon, and is very weak; feet and legs to the knees have been cold a long time, and can't get them warm; fetid sweat last night; feels all gone;

can't do anything; thirst in the chill, but more in the heat, none in the sweat; some thirst to-day; chill lasted an hour; some delirium; has taken Quinine; had a terrible headache, with heat, and vomited on raising his head to look out of the window; feet very cold; for some time has had itching of the anus as of worms crawling about in it, and pain across the hips, aggravated by almost any labor; worst after lying down; keeps him awake; once all night; tongue dry in the heat; vomiting bitter as gall; flat taste; general tendency to chilliness; was never before troubled with cold feet; slight constipation; has had colic pains every other day, with icy cold feet all summer till the chills came on; no colic since; pain always followed by soreness, and always relieved by cold, wet compresses; took Quinine a week ago. Nux<sup>6</sup> every two hours.

Sept. 12, 3 P.M. Chill yesterday, but less heat; none to-day; good appetite; mouth sore, under lip worst; very weak; back-ache if he sits up long; sweats all over; feet warmer; better than day before yesterday; less pain; last night had an aching pressure behind the sternum after drinking some black cherry bark tea; no chilliness to-day. Nux and Ars. every two hours.

Sept. 15, 2 P.M. Yellow spots about the face; no chill or heat; rests tolerably well at night; sweats but little, but that is sticky and offensive; tongue thickly coated; under lip very sore and painful; two stools; good appetite; pain in the head this morning, and toes got cold; hands dry. Merc. and Lyc.<sup>6</sup> every three hours.

Sept. 20, 10.30 A.M. No pain, bowels regular; feels weak and faint; sticky sweat; cold feet; fingers bloodless; skin wrinkled; feet and legs don't sweat at all; sleep is sound. Cont. Well soon.

This man has been living in a malarious district twenty years, and had remittent fevers, and one run of typhoid fever, but never before had the ague. Has taken a great deal of medicine first and last, and "Bitters" and "Cholagogue" to keep off the ague, but all summer has had colic pains every other day, followed by icy cold feet, and with them; and after that soreness in the abdomen, and didn't suspect what it meant till a week ago, when thinking it might be ague he took Quinine; has kept about all summer, and attended to his farming business, but not felt well at all. Felt weak, and had cold legs all the time, and couldn't even get them warm, though he was never before troubled with cold feet. Here is one of those singular cases which occur occasionally in this section, when the

malaria is located at a small, well-defined point. In this case it is probably the solar plexus, and from this point it has operated all summer, expending a continual force on the lumbar and sacro-spinal ganglia to keep up a continual coldness of the feet, itching of the anus, and pain in the back and hips; and every second day by a periodic aggravation making the feet icy cold, which is substituted for a general chill. There is no heat, and no general chill, simply because the irritation is not high enough in the sympathetic and spinal systems. Four days after taking the Quinine (twenty grains in all), was chilly almost all the afternoon, and shook in the night, but there was not much heat; and was thirsty, and feet and legs cold as usual. Two days after, or yesterday afternoon, had a chill about an hour, followed by intense heat, with thirst, and delirium, and icy cold feet, and terrible headache; vomited bile on raising the head; there was thirst and delirium in the chill, but mostly aggravated in the heat; had sticky, stinking sweat last night, and this morning feels all gone; is weak, and has no appetite; flat taste, and has a sort of chilly feeling all the time, but has not felt the colic since two days before the chill. Now it needs no argument to prove that the Quinine, as a cerebro-spinal irritant, acting on the spine, caused the general chilliness four days after it was given, and after a time the irritation was extended to the upper sympathetic, and there was some heat after, and that the second day after, the periodic chill recurred, and the irritation of the sympathetic was greatly increased, and the same irritation was extended to the brain, and so we have the great heat and delirium. And that the delirium is owing to the Quinine is evident from the fact that the Quinine has substituted the chill for the colic, and the delirium came with the chill from the spinal irritation, and not from the sympathetic. The Quinine was taken in small doses in the course of three days, and not all in one day, or at one time.

We have then two really distinct diseases here, operating either conjointly or alternately,—a malarious, and a drug disease; and Nux is given. But it will be seen at once that Nux is not sufficient, for the malarious irritation is really confined as yet to the sympathetic system, and requires a sympathetic irritant. And though Nux might reach the sympathetic, if the spinal disorder was malarious, yet it cannot be expected to do so when it is caused by a drug, unless Nux is the chemical drug antidote. And then it would be too indirect to furnish immediate relief. Besides, the drug symptoms will subside of themselves if the malarious disorder is removed, so that it shall not aggravate the drug irritation by its periodic return. And farther, the long persistence of the localized disorder, without involving the excito-motor symptoms, contraindicates Nux so far as the malarious irritation is concerned. But that, and the aggravation of symptoms in the heat, as the headache, the thirst, the vomiting on raising the head, &c., emphatically call for Ars., which is also considered the antidote for the quinine disorder. Ars. should be given, but is not. Two days after we learn that there was a recurrence of the chill yesterday, but there was less heat, and symptoms were all lighter, and everything indicates that the drug irritation is subsiding, and Ars. and Nux are given.

To this there can be no objection, unless simply because there are two. The Nux may do what the Ars. cannot, and certainly they cannot conflict here. Three days after there had been no chill or heat, but there are yellow patches as if there was bile under the skin of the face and scalp, with thickly coated tongue, and sticky, stinking sweat, headache, and dry hands, indicating some disorder of

the liver; though the good appetite rather contraindicates that. Perhaps this may be owing to some remaining hyperesthesia of the pneumogastric, caused by the drug irritation. And there is also constipation, and hands are dry. Assuming then that there is disorder of the liver Merc. is given, and with it Lyc. The first, rather on general principles, and the last, because it is a spinal irritant, and also seems to act specifically on the liver and skin. And in this case there seems to be a similar process, judging from the spots upon the face, and the sticky sweat. Three days after is so much better that the medicine is continued; no farther prescription. It may not be amiss here to call attention to a symptom on the 12th, where there was aching pressure behind the sternum after drinking a little of the infusion of black wild cherry bark. Now this symptom appears in the proving of Laurocerasus. It was explained to the patient that the effect was due to the deadly poison contained in the bark, and he took no more domestic medicines.

CASE 120.—Sept. 10, 4 P.M. Mary L., 24. (1033.) Had rheumatism the last of August, and the first day of September, dysmenorrhœa; the last four days has had chills every forenoon, with racking pains in the limbs, and blue hands, and headache, and thirst; in the afternoon heat, thirst, and pain all over; after that some perspiration, but slight, and continues thirsty and in pain; no taste; hot flashes in the chill; wakes up feeling cold about 1 or 2 A.M. every day; restless the first part of the night; slight delirium; wanted to get up and go away. Nux<sup>6</sup> every two hours.

This patient says she is subject to neuralgia, and has occasional attacks of rheumatism, and palpitation of the heart, and faint spells, and has dysmenorrhœa, and hysteria, and all sorts of troubles. Here we have malarious disorder of both systems, but the spinal predominant as most of the symptoms appear in the chill. The pains in the limbs are probably rheumatic, as they continue through the heat and sweat, and Nux is given. If, however, we have but a single remedy, it should be Puls., as the pain indicates the posterior spinal column as the source of disorder. But there is sympathetic disorder enough to warrant a sympathetic irritant, and Ars. should be alternated with Ignat.<sup>2</sup>. Eupatorium has the bone pains, but these are rheumatic.

Sept. 11, 9 A.M. No chill this morning, but knees were cold; heat went off last night at 11, and sweat after; some appetite, and slight pain in the forehead. Cont. Nux.

So there was no chill this morning, only cold knees. Chin., Ign., and Puls. have "cold knees;" why not give one of them? Ars. is specially characterized by unequal temperature.

8 P.M. No heat this afternoon, but had a faint turn this even-

ing on rising up in bed; is nervous; vomited; headache all the afternoon; light hurts her eyes; halo around the candle blaze; sensation of dryness in the mouth. Bell.<sup>6</sup> every two hours.

Bell. must have been given for the "halo" and "sensation of dryness in the mouth when it is moist." Now these symptoms might in certain persons be caused by a hundred medicines. Ars. and Ignat. are the medicines. Faintness on motion is a Eupat. symptom.

Sept. 12, 9 A.M. Heat from 11 P.M. yesterday till this morning; nausea and inclination to vomit on raising the head; heat went off at 7 A.M.; thirsty, but drinks but little at a time; nothing tastes good; chills with the heat last night. Ars. every three hours.

8 P.M. Heat and pain in the head all day; skin moist now; complains of her heart. Ars. and Spigel.<sup>6</sup> every hour.

Spigelia was not needed here. Ars.<sup>10</sup> and Ignat.<sup>6</sup> every two hours are the medicines.

Sept. 13, 9 A.M. Rested well last night; no appetite. Cont.

8 P.M. Heat came on at 2 P.M., great heat ever since, with pain in the head and left chest, and free expectoration of mucus; hurts to cough, at a spot at the left of the heart where there is a very dull sound on percussion; 8.30 P.M., palms of the hands somewhat moist. Phos. 4 glob.

10 P.M. Skin being very dry and hot, wanted a wet sheet pack, and had it, I suppose, as I did not remain. Cont. Ars. and Spigel<sup>6</sup>.

If there was need of the Phos., it should have been continued. Bry. and Ars., or Ignat. and Ars., are quite sufficient.

Sept. 14, 8 P.M. Heat irregular, off and on; has cold turns, followed by hot; feels exhausted; feet and knees cold at times; feels hot inside and cold out; thirst; drinks a good deal; skin quite hot now; constipation. Nux<sup>6</sup> and Cham.<sup>6</sup> every hour.

Nux with Ars. is very well, but I see no use for Cham.

Sept. 15, 9 A.M. Feels better; skin moist; some pain in the head; slept well. Cont.

5 P.M. Heat came on at 5 P.M., and had a pack; chill at 4 P.M., and the heat after was very great, with cold toes and violent pain in the head. Bell.<sup>6</sup> every two hours.

Since the first pack there has been great irregularity in the paroxysm, and the heat has been more unequal. Very many of the symptoms were aggravated, and some new ones have appeared. The last thing to be thought of, where there is "free expectoration," is a pack, hot or cold, wet or dry. It will be uniformly mischievous. In some cases where there is pain in the chest, great heat and dry cough, a wet bandage, or compress, tepid, warm, or even cool, may be used with advantage. In a case of this kind any general application, or local, of water to the chest can result only in diminishing the heat in one place and increasing it in another. The way in which some people—a sort of amateur hydropathists—treat their neighbors, when they happen to be sick, is highly reprehensible, and if one is to judge from their words and acts, rather than their motives and general character, he can only regard them as insane. It can best be described as an assault without intent to kill. I have known death to be caused by a cold wet sheet pack, when the patient was assured that it would cure him at once. And I have often seen irreparable injury done in rheumatic affections of the heart. As we know no remedy homeopathic to a pack or its results, I would give Nux or Ignat., or Puls. and Ars.

Sept. 16, 10 A.M. Vomited this morning; stomach sore to pressure, with aching dull pain; burning from the throat into the stomach; pulse 120; not much heat; cold water aggravates the pain in the stomach. Ars. 4 every two hours.

5 P.M. Heat left at 4 P.M., and has slept since; no nausea, and stomach not tender to pressure; took Acon. and Bell. all the afternoon, as the Ars. was spilled; no pain; tongue coated white; pulse 100; respiration 28; sweat sticky. Ars. 4 every two hours.

10 P.M. Profuse perspiration; feels weak, but no pain. Chin. every two hours.

Here, because of a feeling of weakness and profuse sweat, Ars. is dropped and China given, when Ars. is quite as much indicated, not to say more; Ars.<sup>20</sup> and Nux are the proper remedies. Many of the symptoms of to-day result from the pack yesterday, when she had the chill immediately she came out. True, she had cold to the head and hot applications to the feet when in the pack, and yet it did not hinder the heat with rheumatic headache and cold feet after the chill. The pneumogastric nerve is disordered from the spine, and the solar plexus is implicated, hence the gastric symptoms and dull aching; and finally the oesophageal branch is reached, and we have burning down into the stomach, with pain and soreness. Cimex has the throat symptom, sweat, and others.

Sept. 17, 8 A.M. Better; no heat; skin moist and cool; no pain; lips moist, but sore, and skin is peeling off in large white flakes. Cont.

1 P.M. Menses came on yesterday; only two weeks since they

came on before; just now vomited; no heat; skin cool and moist. Ipec. 4 glob.

6 P.M. Vomited again, and chill came on at 5.30 P.M.; nails and hands blue; limbs numb; thirsty; can't drink, it makes her stomach feel so bad; fingers white in the chill and not warm yet; when she moves aches all over; heat came on at 6.30 P.M. Acon., 4 every hour during the heat; after which Nux 4 every two hours.

Puls.<sup>20</sup> should have been given instead of Ipec., and Puls.<sup>20</sup> and Ars. instead of Nux and Acon. The white fingers mean only lack of blood in the part, and the blood must accumulate somewhere else.

Sept. 18, 10 A.M. Heat left at 8 P.M. yesterday, and has sweat ever since; pulse firm; skin cool; no pain; no appetite. Natr. mur. 4 every two hours.

Natr. m.<sup>20</sup> would do something here, and if persevered in, might cure. But Nux, or Puls. and Ars. are better.

Sept. 19, 9 A.M. Better; cont.; 6 P.M., chill at 4 P.M., and shook; had heat after, with headache and thirst, and felt chilly; cold sweat on the feet; ate some peaches before the chill and vomited them in the chill. China<sup>6</sup> 4 every two hours.

And so Natr. m. is discarded without a hearing, and we have China again, and yet the chills and heat are mingled after the distinct chill has passed, and tell of Ars. and Puls., and both should be given.

Sept. 20, 9 A.M. Slept well; skin warm and moist all night. Cont.

Sept. 21, 9 A.M. No chill; no heat; no appetite; no pain; tongue cleaning; feels well.

And so we come to a full stop; no medicine is given. But the chill will return, and then the medicine will be changed.

6 P.M. Had a chill at 2 P.M.; heat directly after, but lasted only a few minutes, and then sweat freely, profusely; had some headache and took a dose of Bell., and then there was palpitation of the heart, and she took some Spigelia. Carb. v. 1 dose, and Nux<sup>6</sup> 4 every two hours.

And the medicine is changed, and not particularly for the better. A few pellets of Carb. v. may do wonders, but it need not be looked for. China, or Nux, or Puls., or Ignat., with Ars. will do here.

Sept. 22, 9 A.M. Thirst this morning with headache; no appetite; face pale; pain in the cerebellum and between the eyes; pulse 88; blister on the upper lip; constipation; bitter taste; lips scabby and pale; tongue slightly coated. *Nux<sup>6</sup>* 4, *Rhus<sup>6</sup>* 4 every two hours.

8 P.M. Slight sweat after the heat this morning; good appetite; no pain. Cont.

The pale lips foreshadow hacking cough and splenic disorder. Here are two spinal irritants when the sympathetic symptoms are predominant. *Puls.*, or *Bry.* and *Ars.* are the remedies.

Sept. 23, 8 P.M. Chill at 12 M., and vomited bile after; heat lasted four hours; complains most of the head; pain and numbness in the limbs; no appetite; abdomen bloated and sore; sweats all over, except the head; bitter taste. *Sulph.* 4 glob., and repeat in two hours.

And so we come to Sulphur again; for the sweat, I suppose. There would be some sense in alternating *Nux* and *Merc.* after the distinct chill and vomiting of bile, or *Ignat.* and *Ipec.*

Sept. 24, 9 A.M. Chill and heat last night, and sweat after; feels very weak; face very sallow; good taste, but no appetite. *Nux<sup>2</sup>* 1 gr. every four hours.

7 P.M. Chill at 3 P.M., with thirst, headache, pain in the limbs, and nausea; heat, with burning in the stomach; very weak now; wants some cornmeal bread to eat; very sallow. *Ars.* 4 glob., 1 dose, and cont. *Nux.*

*Nux<sup>8</sup>* and *Merc.* should be given here. *Nux* is given too low. There is now disorder of the liver if not of the spleen.

Sept. 25, 9 A.M. Thirsty, and drinks a great deal; sweat all night; nose bled; has had two or three turns of it. No medicine.

9 P.M. Hard chill and shake at 12 M.; heat at 1 P.M.; vomited and sweat at 2 P.M.; in the chill vomited twice, and had very great pain in the legs and feet; headache in the heat; great thirst since the heat; bitter taste in the mouth and stomach; very weak; pale; dyspnoea; hands and feet numb in the chill, and very cold; the worst chill and greatest heat she has had at all. No medicine.

Very many of the symptoms if not all may be found in Eupat. But there is disorder of the liver, and Nux and Merc. or Ignat. and Ars. are more homoeopathic. The pain in the limbs may be reflex sympathetic.

Sept. 26, 9 A.M. Slight chill at 11 P.M. yesterday; intense heat after, and pain in the limbs, with headache followed by sweat; head very hot; some pain after drinking cold water this morning; tongue pale, broad, and flabby, coated and moist; mouth feels dry; bitter taste; seems as if she could vomit any minute. Emet. tart. every hour.

8 P.M. Chill at 4 P.M., lasting half an hour; heat after, till 6 P.M., and then sweat freely; no appetite, but feels stronger and is cheerful. Cont. every two hours.

Emet. t. does not seem specially indicated here, though it might have been thought of on the 22d, when there is pain in the cerebellum and some other antimonial symptoms; but the pain was rheumatic then, and without nausea. As an upper cerebro-spinal and cerebro-sympathetic irritant it may do something. Nux and Ars. or Merc. are better.

Sept. 27, 9.30 A.M. Slept very well last night, but had horrid dreams; good appetite this morning; no pain; no stool. Cont.

9 P.M. Chill at 12 M.; lasted two hours; was packed when the heat came on, and sweat in half an hour a cold, clammy, sticky sweat; vomiting of grass-green slime after the chill; very thirsty in the chill, and thirst all through the paroxysm; great heat. Veratr.<sup>6</sup> 4, Plumbum<sup>6</sup> 4, every three hours.

This prescription is the result of sheer desperation. Veratr. is for the long chill and cold, sticky sweat, and Plumbum for the grass-green vomit. Ignat. or Nux, or Puls. and Ars., or Nux and Ipec., or even Natr. m. alone would do. Veratr. thirst is from lack of water in the organism.

Sept. 28, 9 A.M. Bitter taste; craves sour things and pickles; very thirsty, but can't drink much cold water; seems to hurt her; lips dry; face pale and sallow; heat all last night, with pain in the bones, but the feet were cold, and she was very restless; sweat freely after. Natr. m.<sup>6</sup> every hour.

9 P.M. Chill this afternoon and heat after; thirst in the chill and hunger in the heat; the faceache came on in the chill; began in the top of the foot and ran up into the face, and from there all over her; ate something during the heat. Cont.

Natr. mur. promised well in the morning, and yet Ignat. and Ars. were more

homœopathic, and are specially indicated this evening. There are no medicines marked by Jahr as homœopathic to cold feet in the heat, and but four for hunger in the heat, and those are Cina, Phos., Bry., and Chin. Now, any medicine that can produce hyperæsthesia of the pneumogastric or some branches of the fifth nerve can produce this symptom. All cerebro-spinal or cerebro-sympathetic irritants will do so under peculiar conditions, and Ignat. is quite as homœopathic to hunger in the heat as Bry. The Cina symptom is always reflex, from irritation of the bowels, the Phos. always connected with local disorder of the lungs, and of course reflex, and it is not so clear that the China hunger is a direct symptom. The cold feet are specially indicative of Ignat., and Ignat.<sup>3</sup> and Ars. should be given.

Sept. 29, 1.30 P.M. Seemed very well this morning, and ate something; at 12.30 P.M. feet got cold and numb, followed by general chilliness, and coldness, and numbness, and soon complained of pain in the abdomen. Coloc.<sup>1</sup>, Bry.<sup>6</sup>, every quarter of an hour.

9 P.M. Hungry immediately the heat passed away; ate with a good appetite; heat lasted but a few minutes. Bry.<sup>6</sup> every three hours.

Bry. is very well here, but should be alternated with Ars.

Sept. 30, 10 A.M. No heat last night; good appetite; lips dry; tongue coated dark yellow; is sallow. Sepia 4 glob., two doses.

Bry. would do something; Sepia can do nothing.

Oct. 1, 3 P.M. Chill at 11 A.M., lasting two or three hours; feet very cold, and hands colder and numb; general numbness; thirst; not much appetite this morning. Cont.

Oct. 2, 3 P.M. Chill at 11 A.M. to-day, with thirst and pain in the bones and limbs, and in the right lower jaw and top of the feet; feet very cold and toes numb; heat short and moderate, and appetite immediately; feels quite strong; no stool yet. Opium<sup>8</sup>, 4 glob., 1 dose, Nux<sup>20</sup> every three hours.

Evidently prescribing for the constipation. Puls. and Merc. would do much better. It is not muscular disorder that causes the constipation, but glandular.

Oct. 3, 2.30 P.M. Has a chill on now. Bry.<sup>6</sup> every fifteen minutes and Acon.<sup>14</sup> every fifteen minutes in the heat.

11 P.M. Has eaten some supper since the heat, but it distressed her stomach, and does now, somewhat; nose bled just now.

Acon.<sup>6</sup> 4 glob. Feels weak; severe pain in the head in the heat; feet less cold; had them in hot water previous to the chill. Graph. 4 every two hours.

Oct. 4, 6 P.M. Aching in the chill to-day and heat all over, with drawing sensation and disposition to stretch; thirsty in the heat to-day; offensive breath, with vomiting after the chill; slept half an hour before the chill. Cont.

Oct. 5, 11 A.M. Heat all night; nose bled this morning; is drenched with sweat; little appetite. Bell.<sup>6</sup> every two hours.

9 P.M. Chill at 3 P.M.; feet warm; heat followed by profuse sweat; sensation of rawness and roughness in the throat; tongue is very red. Sulph. 4, and repeat in six hours.

This treatment is puerile; one ought to be ashamed of it. It is nearly as bad as 20-grain doses of Quinine.

Oct. 6, 8 A.M. Slept well; no sweat; nose bled this morning; no appetite, but ate something. Chin.<sup>6</sup> 6 glob.

Might as well be China as anything; and here Dr. —— was called for counsel. And it was time.

10 P.M. Chill again this afternoon; Dr. S. saw her and advised Lach. 6 glob. three times a day; and, as soon as the chill comes on, Puls.<sup>3</sup> 6 glob. If the chill continues ten minutes, 12 glob.; and if ten minutes more, 18 glob., and so on, increasing till the chill ceases.

From this time the record is particularly interesting; and this is the record :

Oct. 7, 7 A.M. Nose bled in the night, and some heat and sweat after; no appetite. Cont.

Oct. 8, 2 P.M. No change. Cont.

Oct. 9, 3 P.M. Chill and heat a little lighter; no pain in the limbs. Cont.

Oct. 11, 2 P.M. A little better; chill yesterday, and some heat. Cont.

Oct. 13, 4 P.M. Same as any time before; no change; and went to C——, to be under Dr. S.'s treatment. I was told that she took Quinine.

There was no necessity of this failure. It should have been cured in six to ten days. The giving Puls., as we have seen last, was another "steeple-chase on a

medical donkey." I think that the patient one day took Puls. 6 + 12 + 18 + 24 + 30 + 36 + 42 + 48 = 216 globules in one hour and twenty minutes. It is fortunate that donkeys are hybrids.

CASE 121.—Sept. 12, 4 P.M. Joseph L., 26. (1040.) Had inflammation of the brain two years ago; has a pain now in the left eye from 7 to 12 A.M. every day; throbbing; that side of the head feels very hot; eyeballs and temples sore to pressure; cold water aggravates; nausea; light hurts his eyes. Bell.<sup>6</sup> every hour.

Sept. 13, 1.30 P.M. No better. Ars. every two hours.

Sept. 14, 8.30 A.M. Better. Cont.

This disorder was no doubt pronounced inflammation of the brain two years ago; and, seen for the first time, and without knowing the history or symptoms, it is a very good imitation now. But inflammation of the brain seldom comes on regularly every morning and as regularly disappears at noon; and, besides, cold water aggravates here. Most likely his inflammation of the brain was a rheumatic affection, and this is the same with a malarious cause, located in the upper sympathetic system, the root of the fifth nerve, and in the pneumogastric. Bell. is given, but we require only a sympathetic irritant here, as there is no chill, but one that will reach the base of the brain. The patient is no better next day, and Ars. is given, as it should have been the day before, and he was well in two days. As a matter of interest as well as curiosity, I may mention that the next day after I prescribed for this patient, I prescribed for his wife, who had an inflammation of the left side of the head and face, with chills. The heat was continuous; the chills occasional and seemingly accidental. The inflammation originated in periosteal inflammation of the teeth of that side, spreading to the ear, and finally to the whole side of the head. There was much relief from cold, and Merc. cured it promptly.

CASE 122.—Ella Anna B., 5. (1049.) See page 44, Introduction.

CASE 123.—Sept. 15, 11 A.M. Franky H., 5. (1061.) Taken last night with heat and headache; heat all night; says his mouth is sore; pain in the stomach this morning; no appetite; diarrhoea; very cross. Merc. 2 every four hours.

Sept. 19, 10 A.M. Had a chill; took Jayne's vermifuge; yesterday afternoon had several green stools; this morning they are small, dark yellow, and slimy; very thirsty, wants to drink all the time; griping before stool, and once after, and some straining; nausea; heat after every chill; paroxysm lasts, gen-

erally, twelve hours; has a short chill every day; inside of the lips sore, and pimples on the outside. Ipec.<sup>3</sup> every two hours.

Sept. 20, 7.45 A.M. Chill two hours this morning, and three hours' heat after; thirst in the chill; less in the heat, and none in the sweat; vomited in the chill; bloody, slimy stools more frequent in the chill; under lip sore; cheeks and hands and nails blue in the chill. Cham.<sup>6</sup> 2 every three hours.

Sept. 21, 7.30 A.M. Immediately after the heat had frequent discharges of dark green mucus, with griping before; very sore about the angles of the mouth. Ars. 2 every two hours.

Sept. 22, 11 A.M. Chill at 12 last night, worse than before; some heat after; some sweat; no appetite; stools dark green, watery, and frothy, with some bloody slime. Merc. 2, Rhus<sup>6</sup> 2, every two hours.

Sept. 23, 5 P.M. Less pain; some appetite; stools about the same; no straining. Cont.

Sept. 24, 1 P.M. Chill last night, and heat after. Nux<sup>6</sup> 3, and Natr. mur. 3, every two hours.

Sept. 26, 2 P.M. Stools yellow; chills every other night; mouth surrounded by a scab; thirst in the chill. Cont.

There can be little question that malaria is at the bottom of this mischief, though unnoticed till after the mucous membrane of the rectum and colon had become disordered. Had some diarrhoea before, but was taken on the night of the 15th with heat, no doubt preceded by a chill, but not observed. Next morning there is pain in the stomach and bowels, and diarrhoea and sore mouth. Merc. is very properly given, as there is no chill, and the lower sympathetic is the seat of malarious irritation, and especially as there is direct irritation of the mucous membrane. Puls. and Ars. would be a good prescription. Merc.<sup>3</sup> and 80th should be given in alternation to meet all the symptoms and conditions. Four days after we learn that there had been a short chill at three or four every morning, and heat after, lasting twelve hours, and has been thirsty all the time. The day before the diarrhoea is worse, and still worse the next day; next to a dysentery, which is almost epidemic now; the chills seem to be reflex, and the sympathetic disorder greatly aggravates the diarrhoea. The solar plexus and pneumogastric nerve are involved, and we have gastric symptoms and thirst. The vermifuge seems to have aggravated the symptoms. Ars. is indispensable here, and should be alternated with Puls. Nux and Ipec. would do very well, but Ipec. can't do much alone here. On the 20th the heat only lasts three hours, but the chill goes up to two, with blue hands and nails, and vomiting and diarrhoea. The malarious disorder is developing from the spine, and the sympathetic is subsiding. We now need both kinds of irritant, and Cham., a reflex excito-motor, is given.

If a single remedy is trusted, it should be *Natr. mur.*; but *Nux<sup>8</sup>*, and *Ipec.<sup>8</sup>*, or *Ars.<sup>20</sup>*, should be given.

Next day, the 21st, had a chill as usual, but the diarrhoea followed the heat, instead of coming with the chill. The *Cham.* has done nothing, and even what the *Ipec.* gained is lost. The spinal symptoms are taking the lead, and yet *Ars.* is given alone, when a spinal irritant is required, as well as a sympathetic. But here *Merc.* is preferable to *Ars.*, as it acts specifically on the mucous membrane of the rectum and colon, while *Ars.* acts more upon that of the smaller intestines. The best prescription here is *Nux<sup>8</sup>* every two hours, and *Merc.<sup>8</sup>t*, 1 gr., after each stool. That night the chill anticipated several hours, and was worse than ever, and longer. There was but little heat, but the diarrhoea is aggravated. *Merc.* and *Rhus* are now given. *Merc.* is right, but *Rhus* is much inferior to *Nux* here, and is a serious blunder. It is a spinal irritant, however, and better than none. Next day there is neither chill nor heat, and diarrhoea continues, but without pain or straining. Next night had a chill, and got *Nux* and *Natr. mur.* There was no need of *Nux* with *Natr. mur.* Two nights after had another chill, and the last. There was no diarrhoea after, and no other medicine was used. This case was sadly bungled.

**CASE 124.**—Sept. 17, 8 P.M. Mrs. Sarah G., 36. (1074.) Heat and chills; great pain in the back; some time about 12 to-day chill commenced, and lasted two hours; heat with it, and heat after; heat and chills together; pain in the limbs; has had chills and heat a great deal before; tongue dry as a stick in the chill and heat, but no thirst; sore throat. There is a child sick with scarlet fever in the house. *Ars.* 3 every two hours.

Sept. 18, 10.30 A.M. Some heat to-day, but very little chill; great pain in the back; menses came on last night; only two weeks since she had them before; some nausea; bitter taste, and yellowish, bitter vomiting; sore throat; slight headache; great pain in the limbs; heat. *Puls.<sup>20</sup>* every two hours.

This case has been brewing a long time; what is called dumb ague. No distinct heat or chills, or anything else; no thirst. The malarious irritation pervades both systems at once, but the spinal rather preponderates. The mouth and throat symptoms are accidental, and belong to the scarlet fever poison, and the pain in the back and limbs mainly to the menstrual disorder. *Puls.* meets the malarious symptoms, and *Puls.<sup>20</sup>* the menstrual aggravation. But all this was not known, and *Ars.* was given, as it met the obvious symptoms. The malarious symptoms were much better next day, but the menstrual no better. *Puls.<sup>20</sup>* is given, and there is no more complaint. Always get the whole case before you prescribe.

**CASE 125.**—Sept. 19, 8 P.M. Mrs. Schuyler H., 31. (1080.) Typhoid intermittent. Sick three days with chills and heat;

to-day was chilly seven hours; shook, and chin quivered; eyeballs sore; light and motion hurt them; skin hot in the chill to-day, and fingers numb; skin now cool; nausea in the chill; pain all through the head and teeth; pain in the back and all over; took cold the last menstrual period three weeks ago, and cut it short by putting the feet in cold water; has had pain in the head, and bloated abdomen and nausea ever since; constipation; pain in the stomach a week; pain across the hypogastrium; milky leucorrhœa; tongue red; pain in the limbs. *Bry.*<sup>6</sup> every two hours.

8 P.M. Somewhat easier; chilly yet, and light hurts the eyes. *Bry.*<sup>6</sup>, *Puls.* every hour.

This might easily pass for suppressed menstruation. No doubt getting the feet wet developed malarious disorder, though that did not cause a chill for two weeks. Probably the first malarious symptom was pain in the stomach, soon followed by spinal symptoms, as pain in the limbs, eyeballs sore, chills, and aggravation of other symptoms. There is now a perfect intermission of the heat and chills, and the malarious character is clear enough; but the menstrual irritation remains. There is no call here for two spinal irritants. *Puls.*<sup>30</sup> *Ars.* cover all the symptoms. No single remedy will do here. The heat and chill do not mix, nor one yield to the other, but each runs along at the same time independent of the other, showing that both systems are equally disordered. The red tongue was, most likely, the indication for *Bry.*

Sept. 20, 10 A.M. Hurts to lie on the right side, as the pain goes there when she lies on it; face hot; most pain in the head. Cont.

9.30 P.M. Pain in the head and back all day; tongue dry and red; lips parched; thirsty; bowels regular; menses returned to-day; no heat; feet cold all day; breath fetid; light hurts the eyes less; pain in the hypogastrium; faint aching in the stomach. *Cham.*<sup>6</sup>, *Bell.*<sup>6</sup> every two hours.

There seems to be some disorder of the liver here, as the pain in the right side indicates; but as it does not affect the function, as the natural stool shows, it requires very little attention. It is probably hyperesthesia from disorder of the hepatic plexus, or hyperæmia from the menstrual disorder, and will cease when the menses return. The red, dry tongue, and foul breath, parched lips, and faint feeling, are more important, though the last two symptoms probably belong to the menstrual disorder, and perhaps the fetid breath. *Puls.*<sup>30</sup> and *Ars.* are right.

Sept. 21, 2 P.M. Breath fetid; tongue red and dry, with a

brown coat; lips dry and parched; skin dry; headache; very thirsty; feet cold. Bry.<sup>6</sup> Rhus every two hours.

10 P.M. Better; has sweat some; sleeps. Cont.

No doubt we have real typhoid symptoms now, though colored up by the menstrual disorder. There is no need, however, of two spinal irritants. There are no cerebral symptoms, and Bry. may be dispensed with. Rhus and Ars. are better.

Sept. 22, 9 A.M. Better. Cont.

10.30 P.M. Tongue red and dry; great heat the last three hours, and was chilly in the afternoon. Acon. and Rhus<sup>6</sup> every hour.

Better have continued the medicines; or, better still, alternated Rhus and Ars. every two hours.

Sept. 23, 10.30 A.M. Some heat and headache; cheeks red; no appetite; tongue coated; dark brown in the middle and dry. Cont.

8.30 P.M. Chill about 2 P.M., with heat and cold hands and feet; body and face hot; skin very hot and dry; headache; chills up and down the back; face very red. Cont. And as she is a very stout woman and wants a pack, let her be packed.

Here we have a distinct chill at the same hour as yesterday, and mostly in the spine. She wanted a wet sheet pack in the heat. The skin is hot and dry, and heat has been on four or five hours. She is a very robust, healthy woman naturally, and there was a competent person to give it. The main points are, water not too cold; get on the sheet quickly, and cover and tuck under rapidly. Where there is dry hot skin, flushed face, and dry tongue, there is little danger, and a sweat follows in twenty to fifty minutes; but there was no sweat in this case, though the heat subsided.

Sept. 24, 8 A.M. Tongue moist; no headache; no sweat at all; slight chill with cold feet at 5 P.M. Cont. Acon.<sup>6</sup> and Rhus<sup>6</sup>.

9 P.M. Had a slight chill, cold feet, and headache, at 7 P.M.; some heat now; better every way. Cont.

There seems to be an amelioration of the symptoms, though she didn't sweat. The chill in the morning might have been from disorder of the spinal system from the pack. The regular chill returned in the afternoon. Rhus and Ars. should be given.

Sept. 25, 11 A.M. Heat all night, but none now; menses returned yesterday afternoon. Cont.

8.30 P.M. Chills up the back a short time at 2 P.M., and great heat after, and was put in a pack; but the heat still continues; tongue is red, dry and brown in the middle; lips dry and brown; some headache; menses continue. Acon. every hour.

The heat was very persistent, but no doubt had some relation to the return of the menses. The chill is very distinct this afternoon, and a spinal irritant is needed, and Acon. is given. It is of no account. Should have Puls.<sup>20</sup> and Ars.

Sept. 26, 8 A.M. Sweat after the heat yesterday, and slept well last night; no appetite; tongue red, with a dark brown coat, and moist; gums very red; dizzy; no pain. Cont.

9 P.M. Better; chill at 5 P.M. one hour; some heat after, and has sweat ever since profusely; no pain. Cont.

Sept. 27, 8 A.M. No pain; tongue red and dryish; no appetite; one stool. Bry. every three hours.

10.30 P.M. Chill at 3 P.M., first in the back; then got hoarse, and then the chill went all over her; thirsty, and drank a great deal, but less in the heat; some headache; no appetite; can't raise her head; great anguish, with sensation of sinking; tongue red and dry; catching pain in the left hypochondrium. Ars. every three hours.

The distinct chill requires a spinal irritant here, as well as a sympathetic for the heat. Bry. or Rhus, or even Nux with Ars., will do. The mistake here is the usual one of treating but a part of the disease at a time, while Acon. is so much lost time.

Sept. 28, 8 A.M. Same as yesterday morning; some appetite; complains of being tired. Cont.

10 P.M. Good appetite; breathing free; no pain, heat, or chill now; at times through the day has had erratic pains all over, but worst in the right arm and in the left side, just above the hip. Cont. every four hours.

These wandering pains are spinal, and belong to the posterior column, and rather indicate Puls. I would give Puls. and Ars.

Sept. 29, 8 A.M. Had a hard chill just before 11 A.M. yesterday, lasting an hour, followed by heat two hours, and sweat all night after; thirst through the chill and heat, tongue red and dry, with a brown coat; no appetite. Bry.<sup>6</sup> every three hours.

The persistent chills, the long heat, and protracted profuse sweat, indicate some local irritation in some important organ, and yet the symptoms afford no

clue to it. The symptoms tell of mercurial irritation, and the gums have looked like it. The profuse sweat is a sign. Has eaten nothing to speak of for two weeks, and that may account for some of the symptoms. Bry. is certainly not the remedy. Rhus. and Ars. or Natr. mur. alone answer very well to the symptom. I prefer Rhus and Nitr. ac.

Sept. 30, 2 P.M. Corners of the mouth sore, and bleed; teeth sore; gums sore, and bleed; tongue moist, red, and nearly clean; some headache; bowels loose, and feels like having a diarrhoea; a thin, dark brown stool every five or six hours; dull, heavy feeling in the head; immediately she shuts her eyes sees every imaginable thing; sweats all the while; some appetite; sweetish, sickish taste; catching pain above the left hip, on coughing or taking a deep inspiration; beating, throbbing over the left eye. Nit. ac. every two hours.

Oct. 1, 1 P.M. Better every way. Cont. every three hours.

The last chill was on the 27th. From this time she complained of nothing but sore mouth, spongy gums, and every symptom of mercurial salivation, till the 18th, when there was some chilliness; and on the 20th had a distinct chill, with almost all the previous symptoms, and one especially, and a mercurial symptom, to wit: she would "strip off all her clothes, and lie naked in bed," no matter who was present. The mercurial cachexia aggravated all the symptoms of the malaria, caused the profuse sweat and simulated liver complaint. It is recorded, on the 8d of October, that she had been badly salivated once, which fact should have been known two weeks sooner.

CASE 126.—Sept. 20, 11 A.M. Versa G., 21. (1083.) Typhoid intermittent. Been sick a week with chills and heat; two paroxysms a day, morning and evening; took quinine, and was no better. Dr. Allaire, allopath., said, "Give her more." Couldn't take it. Called in Dr. Buck. He said "it was typhoid fever." Gave Quinine and Blue Pill, which acted as physic. No sweat now, though she had heat all night till near daylight; had two chills to-day already; no appetite; great pain in the head and back; one small nearly natural stool to-day; chill commences in the feet; is chilly in the heat; eyes sore; throat sore and painful; tongue red, with a brownish-yellow coat; very thirsty, and drinks a great deal of water; thirsty all the time; good taste; pain all through the head, and seems as if it was pressed into nothing and her senses were about leaving her; skin cool now; pulse 125; can't get a long breath for the stitches through

the left chest; distress all through her, in the flesh, and bones, and everywhere; abdomen flat, and bowels filled with gas, and tender on pressure or percussion; burning pain in the head and burning of the face; very faint at times; eyes feel as if there were straws in them; pale, sallow countenance, and dark around the eyes; chilly in the heat if she moves; nausea at times; craves sour things; can't sit up. Ars. every two hours.

Sept. 21, 11 p.m. Three or four dark, muddy-looking, rather watery stools, like the operation of calomel; some smell; great coldness and faintness, with sweat around the neck during stool; constant, sinking, empty, distressing sensations at the stomach, with empty eructations. Carb. v. 4 glob.; then Ars. and Bry. every two hours.

Sept. 22, 6 p.m. Tongue moist, red, and nearly clean; stools involuntary. Ars.<sup>30</sup> and Phos.<sup>31</sup> every two hours. Was well in a week.

This woman lived eight miles from Mrs. S. H., the last case before this; was sick at the same time, and the symptoms are remarkably alike. She had similar chills and heat, and took a great deal of Quinine, till she would take no more; and then another doctor got down more Quinine with Blue Pill. The malaria and the Quinine divide the spine about equally between them. There are two chills a day, and the cerebral symptoms and some of the pains are due to the Quinine. The diarrhoea belongs to the Mercury. The stitches through the chest and bad breathing belong to the Quinine symptoms, being reflex spinal through the pneumogastric nerve, and so is the thirst and good taste. The cells of every tissue are more or less disordered by one or all of the three sources of disorder. Ars. is given, and as a general cell irritant it is most likely to embrace the various disturbances; and if there were no clear spinal symptoms it might cure promptly. Puls.<sup>30</sup> and Ars.<sup>30</sup> would be better. The next day the constitutional effects of the Mercury seem pretty well developed, and the symptoms are characteristic. Indeed the malarious and Quinine symptoms have disappeared. Bry. and Ars. are given, but there is no call for the first. Ars.<sup>30</sup> and Puls. would do well. Carb. veg. appears; why, I don't know. The next day there is nothing to record but moist red tongue and involuntary stools. Both bad symptoms, indicating extreme exhaustion, and had even the mildest laxative or an opiate been given, yesterday or this morning, nothing could have saved this patient. As it was, the head could not be raised from the pillow. Ars.<sup>30</sup> and Phos. are given; probably Phos. ac., as it is not easy to keep Phos. Ars. should always be given in such cases as high as the thirtieth. The convalescence was rapid, though no stimulants of any kind were given; nothing but food and water and the two medicines.

CASE 127.—Sept. 21, 2.30 p.m. Mrs. George C., 33. (1087.) Chilly the last twenty-four hours; hot flashes now, and feels

faint and weak; nausea; pain; aching all over; back worse; stitching through the chest; pain in the back, chest, side, and head; noise about crazes her; constipation; abdomen sore; hurts all over to move; no appetite; pain in the stomach and soreness on pressure; vertigo on rising; pitches down; very thirsty; misty and smoky before the eyes; light hurts them; jerking of the right arm; nasty taste. Bry.<sup>6</sup> every two hours.

This is somewhat of a difficult case to diagnose, but I have no question in classing it with malarious diseases. The continuous chilliness, followed by hot flashes and pain all over, and cerebral and gastric symptoms, indicate both direct and reflex irritation in and from the spinal system. The symptoms are mostly excito-motor and cerebro-spinal, and Ignat. exactly meets the conditions, and besides has every symptom, and why 'Bry. is given is difficult to see. Still, I would give with it Ars. or Ipec., or some other sympathetic irritant.

11.45 P.M. Has had spasms, and two or three convulsions; is quiet now and asleep; taken two doses of Bell. Bell. every two hours.

The spasms were merely the twitching of the muscles of the arms and legs, and the convulsions seem to have been hysterical, and a neighbor gave her Bell., and certainly deserves more credit than the doctor, for he only continued it. But, if given at all, it should be not lower than the twelfth. Ignat.<sup>2</sup> is the remedy.

Sept. 22, 9.30 A.M. Very weak; tongue has a short, brownish-yellow coat, and looks greasy at the point; pulse frequent; skin hot; bad taste; so faint she can hardly speak; pain in the back and left side; sometimes hurts to breathe; sensation of falling; dizzy. Rhus every two hours.

10 P.M. Somewhat better. Cont.

Now Rhus is very little, if any, better than Bry. Both are homeopathic to many of the symptoms, for instance, sensation of falling; but forty other drugs have the same. But Bell. and Bry. have not removed it. Ignat.<sup>2</sup> would, and it should be given with Ars. every two hours.

Sept. 23, 9 A.M. Pain in the side, chest, back, bowels, and head; jerking of the muscles; right arm worst; sensation of extreme weakness, and of falling when lying down, and of the bed floating about the room; dizzy; hurts to breathe. Bry. and Rhus every two hours.

8 P.M. Seems better, but still is in pain all over; frontal head-

ache; no urine since yesterday; constant desire, with urging; burning and heat in the hypogastrium; the hands and arms twitch so much that the pulse cannot be counted; there is a constant motion back and forth of the tendons under the fingers; talks incoherently and wildly, and in her sleep. Canth.<sup>6</sup> every half hour till she urinates, and then cont. Bry. and Rhus every hour.

Here we have no change of symptoms, except a retention of urine, a reflex spinal symptom, which Canth.<sup>6</sup> soon relieved. The symptoms are mostly cerebro-spinal, and Ignat. is the medicine. It has even the symptom for which Canth. was given. Ignat.<sup>2</sup> and Ars.<sup>20</sup> every two hours would soon quell all these symptoms.

Sept. 24, 8 A.M. Very nervous; when she begins to doze, starts up suddenly with a jerk of all the muscles; sensation of falling, and as if she would be jerked in pieces; tongue the same; headache; hurts to cough or take a long breath; can't breathe when lying on the right side. Coff. 4 glob., and then cont. Bry. and Rhus.

8.30 P.M. Seems better, but has not slept; no appetite; urine free. Cont.

The Canth. relieved the urinary trouble. The symptoms are all cerebro-spinal, except the cough, which is only reflex spinal; and so of the pain in the side. What the Coffee did, does not appear; it seldom does much any way. Ignat.<sup>3</sup> and Ars. are the remedies.

Sept. 25, 11.15 A.M. Tongue moist; slept last night; no appetite; had some headache and was chilly at 5 A.M.; pain in the left hypochondrium, and steady aching behind the sternum; pressure in the chest and want of breath; hurts to breathe, but the pressure is worse; sensation as if crushed down. Sulph. every two hours.

9 P.M. Better. Cont.

The symptoms are all spinal and all found in the proving of Ignat., and all characteristic and belong there. It is the pathological remedy before any other, and would cure this case alone in two days.

Sept. 26, 7.45 A.M. Hard pain in the lumbar region; some heat; one stool yesterday; headache in the heat; some appetite; feet cold in the night; tongue nearly clean; bitter taste. Nux<sup>6</sup> every two hours.

9 P.M. Back weak, with dull, aching pain; some appetite; feet warm; sensation of tightness across the sternum; occasional severe, sharp pain across the left hypochondrium, in paroxysms of two minutes. Sulph. 4 glob., and cont. Nux<sup>6</sup>.

Nux is certainly better than Sulph., and perhaps better than Rhus and Bry. But Ignat. is still the remedy, and better with Ars.

Sept. 27, 7.30 A.M. Pain in the side yet; no appetite; chill again at 5 A.M.; some headache and internal heat after, with want of breath; sweat some last night. Sulph. every two hours.

8 P.M. Ulcer on the inside of under lip. Cont.

Here we have the chill again, followed by heat and sweat. The sympathetic system is involved, having headache and want of breath, so we may now recommend Ignat. and Ars. Sulph. is of no account whatever. The dyspnoea of Sulph. is from hyperæmia of the mucous membrane of the air-passages. Here it is reflex-spinal or sympathetic, or both. Ars. will cure the ulcer on the lip.

Sept. 28, 7 A.M. Lips dry; tongue moist and red: heat yesterday; did not rest well last night; frightful dreams; somebody tried to kill her; no appetite; food don't go half way down, lodges by the way, with sensation of pressure; three stools, like those after a cathartic dose of Calomel, this morning, and with straining, but not much pain; no chill; pain in the joints, and in the back, bowels, and hip. Merc. every three hours.

10 P.M. Chill at 5 P.M., half an hour, with headache, pain in the back and hips; wanted to stretch herself in pieces all the afternoon; in the heat, violent pain in the head, with burning at the vertex; pain across the eyes; chilly if the air strikes her; feet burn; diarrhoea not as bad; pain in the chest; short breath. Merc. 6 glob., and cont. Merc. every three hours.

It is somewhat singular that the chill of 5 A.M. should have anticipated exactly twelve hours and that the sympathetic symptoms should have suddenly become predominant. But the disorder seems now mainly in the posterior spinal column and lower sympathetic system. The excito-motor symptoms again appear in the chill, and have been so persistent that Ignat. is as homœopathic as at first; but Merc. should be conjoined now, whether the disorder comes from irritation of the mucous membrane, from excess of bile, or disorder of the lower sympathetic.

Sept. 29, 8.30 A.M. Feet cold; chilly all the time. Bry. every hour till warm; Ars. after, every two hours.

Should be Ignat. and Ars. or Puls. and Ars.<sup>20</sup>, or Nux and Ars.<sup>20</sup>. The sympathetic system is quiet and symptoms all spinal, but Ars. is needed as much as if the sympathetic symptoms were present.

Sept. 30, 1.30 P.M. Not much appetite; is sitting up; some headache through the night; ceased this morning, when the face felt hot and became scarlet red; glowing heat all over, with cold hands and feet; lame and weak across the small of the back. Bell.<sup>6</sup> every two hours.

Bell. is given, I suppose, for the rash and great heat. Ignat. would have met that symptom quite as well. There was no chill this morning, but a headache in place of it. Ignat. and Ars. are the remedies. It is really wonderful that the true remedy was not once thought of in course of nine days, when the prescription was changed thirteen times and not once right. And it was several days after the last prescription before she could do anything.

CASE 128.—Sept. 24. Mrs. Eli K., 60. (1092.) See page 44, Introduction.

CASE 129.—Oct. 1, 11 A.M. Mary C., 6. (1113.) Sick two weeks; had shaking chills in the first place; took a good deal of Quinine; chill is now in the night; begins at 12 P.M. and shakes an hour; thirsty, and in pain all over; in the heat, headache, nausea, and vomiting, and greater thirst; no appetite; dyspnoea all the time; is asthmatic. Bry.<sup>6</sup> every fifteen minutes in the chill; Ars. 4 every four hours after.

In this case the malaria first developed from the spinal system, and extended to the lungs and respiratory apparatus through the pneumogastric and phrenic nerves, and also to the sympathetic system. The large doses of Quinine have lessened the spinal disorder for the time, but increased the sympathetic; hence there is vomiting, headache, and lengthened heat. The prescription ought to cure, and did, as there were no more paroxysms; and the Ars. seemed to cure the asthma. Ignat.<sup>12</sup> in this case would have been better than Bry.

CASE 130.—Oct. 1, 3 P.M. Helen H., 16. (1115.) Chilly all the forenoon; heat with chills since, and headache all day; cough. Bry. and Bell. every hour in the chill, then Ars. 4 every six hours.

Oct. 5, 9 A.M. Cold all the forenoon every day; burning heat all the afternoon, with thirst, nausea, and headache; some sweat; hunger in the chill. Cina, 4 every two hours.

Here the disorder is first exclusively spinal; even the heat is reflex-spinal, and the old crotchet of Bry. in the chill is improved upon by adding Bell., so as to hit somewhere. But neither of them are homœopathic in this chill, for there are no cerebral symptoms except headache, which is not from centric irritation, and so not for Bell., and the cough is merely reflex. Nux or Ignat. and Ars. would have done much better; Puls. and Ars., also, or China alone are good prescriptions. Four days after there had been no change, only the sympathetic system has become equally disordered, and in the chill there is hunger from hyperæsthesia of some portion of the pneumogastric or fifth nerves. It is certainly an uncommon symptom, and Douglass gives it to Chin. and Sulph., and Jahr to Mgt. Ars. (south pole of the magnet), to which we may say bosh! for it means just nothing pathologically, as it is really physiological, and the next step would be nausea and vomiting. And so of hunger in the heat, for which Douglass has Cina and Phos., and Jahr adds Bry. and Chin. We have also some sweat now, but the chill lasts all the forenoon and heat all the afternoon. There should be for these symptoms a spinal irritant, and Ignat. is the best here, and a sympathetic, as Ars., Cina, or Cham. Ignat. alone is more likely to cure than Cina; but this last medicine seems to have cured.

CASE 131.—Oct. 3, 12 m. Lyman G., 42. (1119.) Pain in the back, and bad taste in the mouth; thinks he had a chill day before yesterday, and again this afternoon; not much appetite for a week past; heat day before yesterday and yesterday; four days ago feet and hands were cold, and was chilly; very dull yesterday, and no thirst; sensation of pressure and fulness below the navel; abdomen is full; pain darts into the head; feels weak; can't do anything; hoarse; nausea day before yesterday; sensation of fulness at the stomach immediately after eating, if it be only a mere crumb of bread. Has had agues and fevers, and taken lots of medicine. Is sallow-complexioned. Nux 4 every three hours; Carb. v. 4 every night.

This man is a railroad contractor, and leads a very active life. The chills, heat, and all the symptoms are very irregular, probably due to the many sources of irritation to which the organism is and has been subjected. The most important of these are malaria, Quinine, and Calomel. His face is stamped with half a dozen cachexies. Among the symptoms the abdominal seem the most urgent, as there is most likely disorder of the glandular system. The hoarseness foreshadows diarrhoea. It requires here a spinal irritant, and China would do well, but he has taken too much Quinine, and we need a sympathetic, and would like Merc., but he has had too much Calomel, so Nux and Nit. ac. are the remedies. Whether Carb. veg. can help I can't say. It is claimed to be an antidote for Quinine and Mercury, and a glandular irritant, and if so is homœopathic. At all events, he was well as usual in a few days. As for Carb. v., I may remark that I have never been able to determine whether it acted at all.

CASE 132.—Oct. 8, 1852, 12 m. Mrs. M. B., 29. (1139.) Was confined a week ago; constipation all summer; has frequently used enemas; tongue coated; chill and heat at 2 P.M. yesterday, followed by heat without chills, and that by headache; no appetite since; piles; bad taste; face bloated; lochia stopped yesterday, but returned this morning; pressure in the stomach, in which all the food she swallows lies like a stone; has perspired all day; sweats freely now; feet burn; soreness across the abdomen last night; burning in the face; sensation of tightness and pressure in the head. *Puls.*<sup>6</sup> every two hours.

In this case there is habitual constipation, which has caused or at least aggravated the piles, and so the bowels are predisposed to disorder, and hence the malaria would be likely to fasten first upon the sympathetic system, as being predisposed by the ever present reflex intestinal irritation. There can hardly be a distinct chill in such a case at first, as the chill is from reflex sympathetic irritation, and necessarily mixed with heat, and so of the cerebral and gastric and abdominal symptoms and burning of the face and feet, and even stopping the lochia. We here want a cerebro-spinal and sympathetic irritant that will reach from the ears to the pelvis, and we have it in *Puls.* A pure spinal or sympathetic irritant would add nothing to the efficiency of *Puls.* here. It will do all that one drug can. Any interference on either side would only complicate and develop more chill or heat, though we may expect the spinal disorder to develop a distinct chill now.

Oct. 9, 3 P.M. Had a chill about 11 A.M., lasting an hour, followed by heat half an hour, and then sweat freely; chill began with stitches in the back and limbs; had no thirst; had flying pains in the bowels, and pressing in the uterus, with desire to urinate; feels that now; feels all the time as if there was a stone in the stomach; feels better for a short time after eating; the headache went into the left eye, and then suddenly ceased just before the chill this morning; has had a slight pain in the left eye since the chill; was nervous, depressed, and cried this morning. *Nux*<sup>6</sup> every two hours, and *Sulph.* every third dose.

Here we have first, stitches in the back and limbs, then a long chill, indicating increasing disorder of the spine, especially the posterior column; and then a short heat shows disorder of the sympathetic system—the nervousness before the chill and crying, &c., being reflex. The gastric symptoms belong to disorder of the solar plexus. The “headache and pain over the eye that ceased when the chill appeared,” are reflex sympathetic also, else they would have been likely to be aggravated in the chill, as were the abdominal and uterine. And farther, the pain has returned to the eye since the chill. As to the pain and other symptoms

in the hypogastrium, they may belong to the bladder, though more likely to be reflected from the uterus and ovaries just now. *Nux* is well enough here, but I see no reason for *Sulph*. It has not even the symptom—"sensation of pressure as of a stone in the stomach"—and *Nux* has. *Nux*<sup>8</sup> and <sup>20</sup> should be given here, but the same difficulty presents itself as before, only the distinct chill solves the question. The spinal symptoms are now predominant, and the heat is sufficiently distinct to require a sympathetic irritant, so we must have both. Give the first alone, and the sympathetic symptoms will increase; give the second alone, and the spinal are worse, and yet *Nux* and *Sulph*. are trusted.

Oct. 13, 1 P.M. Has had no more chills, but some heat and diarrhoea every day; has a "case," and has taken several medicines; she don't remember what; sits up; complains only of night-sweat and a little diarrhoea.

Oct. 16, 10 A.M. Was frightened this morning; had a chill, with some thirst and pain in the limbs, back, head, and bowels, and sensation of creeping in the flesh, with dread of cool air; in the heat which followed very soon had a sensation of general chilliness, with a dread of moving the bed-clothes; more pain in the bowels; had griping yesterday; very nervous; in the heat had loose stools every half hour, or oftener; could pass but very little urine, and that with great distress; sensation of great heat and soreness in the small of the back; the chill commenced with pain in the back; heat lasted nine hours, when the skin became moist; burning of the hands and feet, with prickling and sensation as if they would burst; twitching, darting pain in the left shoulder, and aching in the left wrist; mouth dry. *Ignat.* 6 glob. after four hours; *Puls.*<sup>6</sup> 6 glob.; then *Puls.* every hour.

There is nothing new here except the disorder of the excito-motor system from fright. All the symptoms here belong to *Ignat.* except the persistent local intestinal, and some of the sympathetic. *Ignat.*<sup>8</sup> and *Ars.*<sup>20</sup> are the remedies; *Merc.* or *Puls.* would do, perhaps, with *Ignat.*, but not much without.

Oct. 17, 3 P.M. Pain in the bowels all night; griping, as if she had taken physic, with rumbling in the bowels; two stools like the operation of a cathartic; no appetite; no headache; sensation of dryness in the mouth, and dry tongue; skin moist; abdomen sore to pressure. *Ars.* every two hours.

*Ars.* is not sufficient. It does not meet the symptoms to-day. *China* and *Merc.*<sup>20</sup> are the medicines.

Oct. 18, 3 P.M. Very nervous; a very slight chill this morning, with pain in the bowels; abdomen sore to very slight pressure, and hurts it to cough; slight headache last night; disposition for stool; stools not frequent, scanty, dark brown, and have a putrid smell; there is some straining, and flatus, and vomiting; some appetite; pressing down in the rectum, or in that region, darting into the leg. Chin. every three hours.

The abdominal symptoms are greatly aggravated, and require Merc. now. Bell., and Puls., and Bry., and fifty other drugs, may have the mere technical symptoms, but the disorder is in part malarious, and in part due to glandular irritation of the colon and rectum, and Chin. and Merc.<sup>20</sup> are now the remedies.

Oct. 19, 11 A.M. Says the China relieved the pain at once; less tenderness; some blood in the last stool; cold sweat on the legs; feet dry and hot; knees cold and sweaty. Cont.

Merc.<sup>20</sup> would have prevented the bloody stools, and unequal heat, but China has done well. It required no farther medicine.

CASE 133.—Oct. 8, 1853. Clark A., 24. (1136.) Yesterday in the forenoon had a shake two hours long; thirsty in the heat; tongue clean; some appetite; has sweat, says he shall have no more; has had the ague several times, and it always ends when he has a good shake; has had heat, and all sorts of ague feelings for several days, but no chill before; there was coated tongue and thirst, and diarrhoea and thirst, and dizziness and nausea, and sleeplessness, and poor appetite. Had been taking Ars. for a bad-looking ulcer, and for these symptoms had Puls.<sup>6</sup> 6 every two hours, and Strych.<sup>21</sup> 1 gr. every sixth dose, and the medicine is continued.

This man has had a great deal of the ague, and kept a bottle of Quinine by him to take for it. Ars. and Nux are the proper remedies.

CASE 134.—Oct. 9., 4 P.M. Eliza McD., 3½. (1141.) The paroxysm begins with a short chill; then has heat with chills, and then heat and chill alternate; shook in the heat; sweat some. Ars. 4 every four hours.

In this case we have malarious disorder of both systems, and not very active in either. The shaking in the heat is an uncommon symptom, but means only temporary reflex irritation of the excito-motor system. Ars. seems to have cured this case, at least the paroxysm didn't recur, but one medicine seldom cures a case with a distinct chill and heat, or alternate chill and heat, though

*Ars.* is specially homeopathic to mixed chills and heat. *Ignat.*, or *Cham.*, or *Nux*, or *Puls.*, with *Ars.*, are more likely to cure permanently.

**CASE 135.**—Oct. 10, 12 m. Franky M., 3. (1142.) Has been having a diarrhoea; this morning had one dark stool; been taking *Dulc.*; had cold hands and feet at 12 P.M. yesterday, and now, just twelve hours after, is cold again, and blue; had some heat after the chill last night; wants to be uncovered during the chill, as if too hot. *Dulc.* is continued.

*Chin.*, or *Ignat.* and *Ars.*<sup>30</sup>, or *Chin.* and *Merc.*<sup>30</sup> are the remedies here.

Oct. 12, 10.30 A.M. Stools are dark in the morning, and get lighter through the day; only three to-day so far; night before last had a chill; last night only heat; wants to be uncovered in the chill; chill comes on about 11 A.M.; when he was covered up; three hours after was cold again, but would have no clothes over him; cold sweat on the face during the chill, and no heat after; better every other day; more thirst in the heat, but drank only a little; thirsty all the time; starts in his sleep; some heat at 12 P.M., and pulse frequent; twelve hours after the night chill, has a slight chill again. *Natr. mur.* 2, and *Nux*<sup>6</sup> 2 every two hours.

These chills and paroxysms are much mixed and very obscure, and complicated with the local irritation of the bowels which followed an attack of nettle-rash. There seem to be two sets of paroxysms, in one of which he wants to be covered, and in the other don't, as he feels too warm, like a patient in the collapse of cholera. Both systems are disordered, but probably the sensation of heat is reflex, from the intestinal irritation. This disorder of the mucous membrane of the bowels is probably the same that was called nettle-rash when on the outside. *Dulc.* has done no good. *Nux*, or *Ignat.* and *Merc.*, or *Ars.* are the remedies now. *Natr. m.* and *Nux* will do something.

Oct. 16. Much better, except the diarrhoea, which is worse; stools undigested. *China*<sup>6</sup> 2 every three hours.

The rash, no doubt, has full possession of the bowels, and *Ignat.* and *Ars.*, or *Nux* and *Merc.* are the remedies. *China* will do something, but I would rather risk the chance of the rash subsiding by limitation. It can't last long, and so the boy was well in a couple of days.

**CASE 136.**—Oct. 12. Isaac C., 12. (1144.) Chill. Thirst in the heat; some sweat; tongue coated yellow; has vomited; has taken bilious pills; no appetite; headache in the heat.

Strych.<sup>2</sup>  $\frac{1}{2}$  gr. every two hours, twelve hours, then every six hours.

This case was reported, and Strych. was sent. It has no relation to the case. Nux and Ipec. are the medicines. China would do.

Oct. 15, 10 A.M. Chill and heat yesterday; none to-day; cheeks red; some thirst, and some appetite. Cont.

Oct. 16. Chill yesterday afternoon, and heat all night; very thirsty; no sweat; forehead moist now; chill lasted an hour; there was more heat, and nausea, and pain in the head; two stools since yesterday. Cont.

Oct. 18. Feels somewhat better, but had a chill as usual last night, and some diarrhoea. Acon. in the heat, and Rhus<sup>6</sup> every two hours.

So there is no improvement, and it is high time to change the medicine, and though the prescription is not by any means the best, it certainly could be no worse than before. Nux and Merc., Puls. and Ars., Ignat. and Ipec., or China and Merc. would do better, and yet were overlooked. Rhus and Merc. are preferable to Rhus and Acon.

Oct. 21, 6 P.M. Had a severe chill to-day, and heat after; took Acon. every few minutes, and the heat passed away in a short time. Cont.

Oct. 30. No more chills after two days.

So the medicines worried the malaria out. It was certainly a stupid performance.

CASE 137.—Oct. 14, 9 P.M. Mrs. George E. C. (1149.) Ague. Was confined day before yesterday at 1 A.M.; felt quite well till this morning, when she had a chill, followed by heat, and sensation of great weakness; short panting respiration; some soreness, most in the hypogastrium; skin dry; pulse 100; tongue thick, so that she can't speak plain; has had a pain in the right hypochondrium a long time and sore throat; at 7 this evening had a severe pain in the right hypogastrium; can't bear the light; hurts her eyes; the pains are cutting, and run up to the kidneys; they commenced to-day about 5 P.M.; lochia was suddenly suppressed this morning, just before the chill; very little secretion of milk yet; generally has commenced about the fourth or fifth day; constipation; quivering and trembling sen-

sation all over; shooting pain into the hips, and down into the legs; headache; has taken four doses of Bell. Nux 4 every hour, three doses, and then Bell.<sup>6</sup> and Merc. every two hours.

This woman has had five children before, and felt as well as usual till this morning, when the chill came on, followed by heat. This is not an uncommon occurrence just previous to the appearance of the milk, and called the milk fever. But there is a little secretion of milk, and she never has much till the fourth or fifth day, and, besides, she feels just like having the ague, and she has had it enough to know. The malaria, no doubt, disorders both systems. The respiratory symptoms are probably reflex sympathetic, and so of the ovarian symptoms, and tongue through the fifth nerve, and also the intolerance of light. There are not many spinal symptoms, and those belong to the posterior column, hence the cutting pains to the kidneys. There is almost always suppression of the lochia previous to the chill in all such cases. Puls.<sup>20</sup> and Merc. would be better than Bell., and Nux, and Merc. Bell., and Merc. will do.

Oct. 15, 7 P.M. The pain gradually subsided, the lochia returned, and has had no pain since 9 A.M.; hurts to turn in the bed; some appetite; skin moist. Cont. Nux<sup>6</sup> every two hours; Acon. if there is heat.

Nux. and Merc., or China and Ars. should be given now, as the disorder which certainly exists in the liver will be sure to perpetuate the heat if it does not reproduce the chills, and the intermission to-day depends much less upon the action of the medicines than on the periodicity of the disease. But the lochia have returned, and that is the most important of all, for few things alarm the patient in these cases like their suppression.

Oct. 19. Has had pain in the bones till yesterday, and a great deal of heat; had a chill at 4 A.M. to-day, with pain in the bones, and back, and knees; hands and feet were cold; lasted two hours; bowels natural; some appetite; face hot; sensation of great weakness; throat hot and painful; tongue thick; soreness across the abdomen. Acon. in the heat. Nux<sup>6</sup> every two hours, thirty-six hours, then Ars. every two hours, thirty-six hours.

And so the heat continued, as it was a reflex symptom, mainly kept up by the irritation of the liver, and not within the sphere of Acon., which was given almost all the time, while the Nux has kept the chill down till this morning, when there is a long chill, and a return of many of the old symptoms. Nux and Ars. in alternation, or Nux and Merc. would be better than the prescription made, but there was no farther trouble.

CASE 188.—Oct. 15, 6.30 P.M. Harmon C., 2 $\frac{1}{2}$ . (1155.) Has

had the ague a long time, and this morning had convulsions; eczema around the mouth; face pale; can't speak, the jaws are so stiff; skin hot, and sweats profusely; seems choked; very thirsty in the chill. Acon.<sup>6</sup> 1 every hour.

This child was a stranger in the place. The record is not at all satisfactory. It does not say if the convulsion was in the chill or heat. The spasm seems to have been tonic, as the jaws are immovable yet, in the evening, and there is still sensation of choking. These symptoms, with the pale face, and hot, profuse sweat, certainly indicate Acon., which is homœopathic here if ever. It does not say if there is consciousness yet; but we may infer it from the symptom, "can't speak, jaws so stiff," which would not be an objection to be mentioned if he was unconscious. He needed no further medicine then, and I never learned if he had any more ague, as he was taken to Iowa soon after.

CASE 139.—Oct. 16, 1 P.M. Allan H. S., 43. Miller. (1157.) Had a chill every day at 3 and 4 P.M., and at 11 P.M., for several days; great internal heat; chills get longer every time; yesterday had a chill at 12 M.; pain in the back in the chill; calves of the legs and shoulders ache; some thirst with vomiting; yawning and stretching; between the paroxysms feels chilly at times, and then hot; cold, sticky sweat all the time; thirsty in the heat, but wants only a swallow at once, yet very often; feet cold all the time; hands very cold, but they feel warm enough to him; no appetite, but wants to sit by the fire all the time; sweat is never warm; cold sweat immediately after the chill; comes and goes; stomach sour; has had a great deal of ague in the last twenty years, and taken a great deal of Quinine, but has taken only homœopathic remedies the last two years; has taken a great deal of Calomel and Blue Pill, but never been salivated; back was always weak; has taken Bry., Ipec., Acon., Nux; had a diarrœa four months, three light-colored stools a day; Phos. helped that. A week ago, the lips broke out in pimples and sores, and then thought sure he would have no more chills. Before that he had only one chill a day, or every other day; has taken nothing the last three or four days. Capsicum<sup>6</sup> every hour, ten hours, then every two hours.

Oct. 18, 1 P.M. Chills yesterday, but none to-day, and feels well. Cont. occasionally.

Oct. 30. Had no more chills after the 17th, and, in 1860, had had no return of the disease in any shape.

This man is a miller, and owns part of a flouring-mill, with water and steam power. The mill is at the dam, and he is generally in the mill from morning till 9 or 10 P.M. The district is eminently malarious, and the worst section is the immediate vicinity of the stream, and the worst point on any such water-course is the mill-dam, where the water is thoroughly shaken out. This influence he had been exposed to for years, but contracted the ague long before in Michigan. The symptoms, which are somewhat peculiar, seem to be more or less the effects of drugs; but he has taken only homeopathic medicines, third, sixth attenuations in globules, in two years. There is no external heat at any time, the skin being most of the time covered with a cold, sticky, clammy sweat. Still he often feels hot, and complains of heat like one in the collapse of cholera. When his feet and hands are icy cold, he says they are warm enough. Has great thirst, and vomiting, and pain, but no cramp in the calves. Ars., Veratr., or Natr. mur., are the first medicines that one would think of. The sore lips are said to be characteristic of Natr. m. I doubt it, however. But Capsicum is given, and seems to have cured. I say seems, for one can never say with certainty, except with Ars., China, Nux, Ignat., Ipec., and Pals., that this or that remedy cured.

But Capsicum is a spinal irritant, and acts specially upon the posterior column, and the symptoms here are all spinal, and belong to the posterior column, else there would be cramps in the calves instead of pain. There is no evidence of any disorder in the anterior column. The heat is probably a reflex spinal symptom in part, as it is internal only and goes with the spinal symptoms; besides, Caps. has all the symptoms of the case; and, still farther, is said to be a good remedy in Quinine cachexies and in old chronic diarrhoeas; probably from a reflex action on the lower sympathetic ganglia. It is about as difficult to credit it with the cure as to refuse it credit. One thing is tolerably sure, he had no confidence in any medicine, and so the imagination had nothing to do with it; and another thing is certain, six years after had had no more chills.

CASE 140.—Oct. 18, 4 P.M. Warren S., 7. (1166.) Has had chills three weeks; had them before that, and stopped them with Quinine; in the apyrexia has had a good appetite, and feels pretty well; in the chill lies down, and wants to be covered; yesterday, it lasted three and a half hours, with thirst; feet and skin generally are warm; there is only a sensation of coldness; in the heat not much thirst; hungry yesterday; dumpish all day; heat lasted seven hours, and wants to be covered in the heat; pale face; hacking cough; all symptoms worse in the heat; diarrhoea after the heat; stretching, yawning, and drowsiness before and during the chill. *Rhus*<sup>6</sup>, *China*<sup>6</sup>, every two hours.

Here the malaria is acting in concert with the Quinine, and we have only a feeling of coldness without any diminution of temperature on the surface. Cerebro-spinal and excito-motor symptoms precede the chill, and even accom-

pany it, and the spinal symptoms run through the hot stage, and all the symptoms are then aggravated. There is no sweat, but the glandular action is transferred to the intestinal mucous membrane, and we have diarrhoea instead. The hacking cough is a reflex sympathetic symptom through the pneumogastric nerve. Rhus and China are given, and there were no more chills. I would prefer Nux and Ars.<sup>30</sup>, or even Puls. and Ars.<sup>30</sup>. China should not have been given here, as he had taken Quinine repeatedly, and all the China symptoms belong to the Quinine. The boy was well in a week, and took no other medicine. Rhus had not much to do with the cure.

CASE 141.—Oct. 20, 3 P.M. Louisa R., 10 mos. (1169.) Is teething; had diarrhoea three or four weeks; was checked awhile with burned brandy and sugar; took cold; taken with chills; has them every afternoon; spotted or purple all over in the chill; feet, hands, and nose cold, and is thirsty, and drinks a great deal of cold water; one stool just after the chill, with griping; cries and grunts at every breath in the chill; cough; in the heat, which is intense, wants to be entirely uncovered, and is hungry; griping before, and twisting and wringing during stool; stools are mixed, green and yellow, and papescent; has had the chills a week or more; chill lasts three-quarters of an hour, and the heat three or four hours; some sweat with the heat, with hunger, till to-day; has not eaten anything since yesterday; mouth has been sore four days; cankered; commenced on the lips; inside of the mouth and the tongue are covered with canker; nurses from a bottle; is very fleshy; urine profuse in the chill and heat, but seems to hurt to pass it, and makes her cry; it is dark, and smells very bad. Phos 2 and Merc. 2 every two hours.

The original disorder here seems to have been in the mucous membrane of the alimentary tract, and probably of the intestines, but it now pervades the whole. The malarious disorder is in the posterior spinal column, and the heat is most likely reflex-spinal and reflex-intestinal, as there is a stool with griping immediately the chill is off. The burned brandy and sugar has much to do with the perpetuation of the diarrhoea, as it irritates the mucous membrane, increases the heat, and, generally, in children causes canker if it checks the diarrhoea, and sometimes so seriously disorders the stomach that the child can retain nothing. And more especially is this the case during teething when the gums are irritated. The most characteristic symptoms now are the intense heat without chilliness and with hunger. Cina has it, but there are no gastric or excito-motor symptoms for that drug, while Phos. has neither, and as the intense heat is due to something more than malarious disorder of the sympathetic system, and must be connected with some reflex irritation from the lungs as well as from the abdo-

men, Phoe. as a spinal irritant is specially indicated, and is very properly selected. It is doubtful, however, if anything but Merc. will meet the glandular disorder of the alimentary tract. If there is any indication for Merc. more striking than another, it is that peculiar crying and grunting of children at every breath, and which is usually mistaken and supposed to indicate disorder of the lungs, it is so connected with the breathing. I don't mean groaning and moaning; I mean a short, quick grunt or expiration. I should prefer Merc. in the 8<sup>t</sup> or in the 80th here, the last, best, and give after each stool. The Phos. every two hours. No other prescription was needed; but some weeks after the mother of the child came for some medicine "to take with her if it should be sick again."

CASE 142.—Oct. 30, 1 P.M. Salmon D., 17. (1174.) Typhoid intermittent. Been sick six days; took cold, and neck first got sore and stiff; makes his head ache to move it; worst in the afternoon and evening; nausea on rising; fainted and fell on the floor three nights ago; has heat almost all the time; sweats when the skin is hot; pain in the back; feet have been cold; had a diarrhoea; has taken Bals. Fir and Elixir Paregoric; pain the last two nights through both hypochondria; thirsty; sweat smells sour and musty; don't care to drink much; only wants to wet his mouth, it is so dry; last stools were yellow and watery; tongue broad, with yellowish coat and enlarged papillæ; point of the tongue red and clean; makes his head ache to draw a long breath; violent pulsation in the arteries of the neck; to move at all makes his head ache as if it would split; no appetite; very weak. Bell.<sup>o</sup> every two hours.

Should be Bell. and Merc. The diarrhoea, the hot, musty sweat, both specially indicate Merc., while Bell. answers very well to the spinal symptoms, as there is no chill.

Nov. 1, 1 P.M. Neck and head feel well; has been sitting up some, and wants to eat; has sweat; skin is now hot and dry, and tongue moist, but that is sometimes dry; papillæ large, and intensely red; feet warm; one stool to-day; is better; some pain in the back, and some in the abdomen, just above the umbilicus; thirsty; drinks but little at a time; bad taste. Cont.

The bad taste is the reason of drinking so little. Bell. scarcely reaches the sympathetic symptoms. Bell. and Merc. are the medicines.

Nov. 2, 6 P.M. Abdomen is hot, and has been painful; gripping in paroxysms; abdomen firm to the feel, somewhat tender on pressure, and sounds like a drum when tapped upon; some

appetite; stool every two or three hours; brownish-yellow and offensive; tongue looks rather better; don't rest well at night; has had two or three chills; wants to be covered. Puls. and Merc. every two hours.

This is better, but it should be Puls. and Merc.  $\frac{2}{3}$  every two hours, and Merc.  $\frac{2}{3}$  6 glob. after each stool.

Nov. 4, 10 P.M. Sweats; not much appetite; several thin yellow stools in the forenoon; has the same pain in the bowels, but the abdomen is softer. Cont.

Nov. 5, 3.30 P.M. Better. Cont.

No other prescription was made, and was about the house and outdoors in three or four days.

CASE 143.—Nov. 1, 2 P.M. Josephine D., 10. (1179.) Typhoid fever. Ached all over this morning after getting up; headache; tongue coated, and red at the point; papillæ enlarged; nausea all the morning; some thirst. Bell. $\frac{2}{3}$  and Ars. every two hours.

Nov. 2, 6 P.M. Better. Cont.

Nov. 4, 10 A.M. Convalescent.

There is disorder here of the posterior spinal column and sympathetic system, probably malarious, as the family came here recently from a non-malarious district. There is no chill, but a little gastric disturbance. Bell. $\frac{2}{3}$  and Ars. seem to have cured promptly. The tongue alone indicates Bell., and it was probably given because her brother, now sick in the same house, Case 142, has the same medicine. Ars. alone should cure this. Puls. and Ars. are better.

CASE 144.—Nov. 1, 8 A.M. Myron W., 15. (1181.) Typhoid intermittent. Chill four days ago; sweat last night; no chill since the first, but heat all the time till this forenoon; constant headache; some appetite; skin dry. Bell. $\frac{2}{3}$  every two hours.

There was in this case malarious disorder of the spine and sympathetic system. There has been continuous heat for four days, with headache, and no sweat yet. China and Ars. are the medicines. Puls. and Ipec. would do.

Nov. 2, 11 A.M. No chill; less headache; no appetite; tongue has a yellow coat, and is red at the point; continuous heat; no stool; pain in the back, and in the left scapula, as if a knife was thrust into it; hands numb; dizzy and faint on motion, with nausea and vomiting. Cham. $\frac{2}{3}$  every two hours.

Now it would seem that no one could mistake here in regard to the need of

Ars., with the last symptoms staring him in the face, whatever he might do in regard to a spinal irritant. Bry. or Nux, or China and Ars. are the remedies.

Nov. 3, 3 P.M. Nausea and retching on motion; pain, and heat, and burning in the stomach; respiration short, and breath offensive; constant headache; tongue coated yellow, and is moist, very red, and clean on the edges, and at the point; sordes on the teeth; pulse rather full, and not very frequent, and agrees with the respiration; very thirsty, but vomits soon after drinking; urine scanty; insipid, flat taste; face burns. Bry.<sup>6</sup> every hour.

The typhoid symptoms are developing unchecked. The medicine so far has done nothing. The scanty urine foreshadows cerebral disorder, and so of the nausea on motion. Bry. is given, but it should be alternated with Ars.

Nov. 4, 2 P.M. One nearly natural stool at 10 A.M.; nausea and retching on rising; some headache; no appetite; pain in the bones, back, and stomach, and aching; every two or three hours passes a spoonful of urine; two stools last night; thirsty; motion nauseates. Opi.<sup>6</sup> and Bry.<sup>6</sup> every hour.

A contemptible prescription. The boy can't help being sick. Bry. don't answer, even for the spinal irritant needed here by the pains, and Opi. is of no account whatever. Nux and Ars. are the medicines.

Nov. 5, 1 P.M. No vomiting since 1 A.M.; pain in the small of the back; two stools; sore all over; pulse 80, and full; skin quite warm; thirsty; some appetite; no chills; slept well. Acon. and Rhus every hour.

The pain and soreness all over belongs to the posterior spinal column, and Puls., or Nux with Ars. should be given.

Nov. 6, 10 A.M. Seems better; no appetite; rested very well; thin, watery, fetid stools this morning; restless; very thirsty; says he could drink a pailful; noise disturbs him; aching pain and soreness to pressure at the right of the umbilicus; tongue somewhat coated yellow, red at the point, and very dry, and pointed; some trouble in passing urine, which is high-colored; face very red; sore all over; throat and tongue sore; nausea; considerable heat. Bry.<sup>6</sup> and Rhus<sup>6</sup> every hour.

I cannot quite concede with Wurmb, and Teste, and Hughes, that Rhus is not homœopathic to the typhoid conditions, but I think it has been overrated. It is homœopathic to certain disorders of the mucous membrane of the intestines,

especially the large, and also of the muscular coat, inasmuch as it is a gland and muscle-cell irritant, and so it meets the thin, watery, fetid stools. But I think that two spinal irritants are not needed here, and Ars.<sup>20</sup> is better than Rhus. Merc.<sup>20</sup> would do well. Bry. is well enough, as it covers the cerebral symptoms.

Nov. 7, 8.30 A.M. Brown sordes on the teeth; less heat now, but a good deal in the night; no appetite; very thirsty; pain above the navel on the left side; urine scanty; nausea. Cont.

Bell. has pain around the navel. The symptoms seem to progress in spite of Rhus. But it is continued. It is singular that the usual dry cough does not appear. Rhus has done something for the diarrhoea, and Bry. for the brain. Ars. would do more.

Nov. 8, 9 A.M. One small stool; dry cough; tongue very red at the point, and has a brownish-yellow coat; is sore all over; nausea and retching; urine scanty; less thirst; drinks but little at a time; hurts at the pit of the stomach to cough; nasty taste; pulse nearly natural; sweat frequently last night, alternating with heat; abdomen tender; tongue and mouth dry; drowsy; sleepy to-day; slept some last night; hands tremble. Bry.<sup>6</sup> every two hours.

And we have the dry cough at last. Is manifestly worse. In fact there are some new symptoms, and scarcely one missing but the diarrhoea, which, for that matter, is somewhat important; and yet the case is left to Bry. alone, as if Rhus might be doing harm. Bry. and Ars. are the medicines, no doubt.

7 P.M. Pulse nearly normal; great heat; lips black; dark sordes on the teeth; fetid breath; deaf; complains of his bowels; abdomen is tender and hot; no stool; skin dry; eyes red, and watery; headache; nausea; dry cough, which hurts all over; tongue same; chest-sounds nearly normal. Rhus and Bry. every hour.

There is no improvement this afternoon, and little change, except that the eyes are red and watery, and he is deaf, which now has very little significance. The dry cough may depend upon disorder of the pneumogastric, or upon mechanical pressure of the spleen, but there is no physical evidence of such enlargement, though writers make it almost or quite pathognomonic, nor any physical sign of disorder of the lungs; and, besides, the pulse is nearly normal.

Nov. 9, 8 A.M. Tongue dry, and red at the point, with yellow coat; pulse 90, soft and full; no heat; slept last night; sleepy to-day; lips black; brown sordes on the teeth; cough dry, and hurts. Cont. every two hours.

8 P.M. Very little heat; tongue looks better; less pain and soreness of the abdomen; sleeps more; one stool; by mistake took the medicine every hour. Cont. every two hours.

Seems doing well, and is in no manner worse; yet I cannot but think that Ars. and Merc. might have done something more than Rhus; yet I have never regretted sticking to Bry. and Rhus.

Nov. 10, 7 P.M. Not much heat; feels better. Cont.

Nov. 11, 7 A.M. Not much change; one stool; tongue dry and black; no pain; abdomen rather tender; dry cough. Cont.

Nov. 12, 8 A.M. Better. Cont.

Nov. 13, 9 A.M. Better. Cont.

Nov. 14, 12 M. Better; some cough yet; has eaten a little too much. Bry. and Phos. every two hours.

This boy has been gradually improving and getting an appetite, but to-day he has been allowed more than usual. I judge that he has eaten too much, because he don't want anything more. Such a patient should be kept hungry. He has been allowed bread, crackers, gruel of oatmeal, cornmeal, arrowroot, and also milk porridge, and milk and water, if he chose to drink it. He should not have a morsel of food till he is hungry again. Puls. would have been better than Phos. here, and quite as homœopathic to the cough, which is from reflex irritation.

Nov. 15, 8 A.M. Is very deaf; complains of ringing and buzzing in the ears; cough loose, but teasing. Bry. and Hyos. every two hours.

It is not to be supposed that the abdomen is normal, but it is better, and all the symptoms improving. There is much emaciation. Puls. or China would do better than Hyos. here. The teasing cough no doubt depends upon returning function in the lungs, and will probably be followed by excess of secretion.

Nov. 17, 8 A.M. Rests well nights; good appetite; complains of backache; vomited yesterday; some tenderness of the abdomen; put cold, wet compresses on; feet have been cold; some loose cough. Cont.

6 P.M. Some appetite; cough loose and teasing; one stool; stomach tender to pressure, or on coughing or even breathing; some heat. Bry. and Rhus. every two hours.

Here we have as the result of the cold application to the abdomen, cold feet in the morning, and heat after, while there is loss of appetite, and Bry. and Rhus are given. Warm water, seeing water, hearing it poured from a vessel, or even hearing it spoken of, will sometimes in these cases cause a chill, followed by heat and aggravation of all the symptoms.

Nov. 18, 9 A.M. No heat; some cough; tenderness in the abdomen. Cont.

6 P.M. Some heat, and abdomen tender. Acon. every hour.

Acon. has no place here. China and Merc., or Ars., are the remedies.

Nov. 19, 9 A.M. Cough loose; no heat; slept well; sweat all night; good appetite. Cont.

These symptoms would naturally follow last night's chill no matter what was given. The heat, after the incipient chill or cold fit, would, of course, in the weakened condition of the system, be followed by sweat.

Nov. 20, 10 A.M. Hands and feet cold, and sensation of general chilliness; cough loose; sweat all night; skin warm, except the hands and feet; abdomen a little tense and tender; tongue red, and cleaning; sometimes dry; thirsty when the feet are cold. Merc. every two hours.

Here we have "general chilliness" added "to cold hands and feet, with thirst." Thirst, with cold hands and feet, is pathognomonic of malarious irritation, especially if followed by heat, even though there may be no chilliness whatever; and the mistake is again made of trusting to a sympathetic irritant, when a spinal is equally indicated. China or Nux and Merc., or Puls. and Ars., are right.

Nov. 21, 6 P.M. Chill again to-day; no heat nor sweat. Cont.

China or Nux or Puls., would have prevented this chill.

Nov. 22, 11 A.M. Some heat; trembling of the hands; mutters in his sleep; loose cough. China<sup>6</sup> every two hours.

And here is a mistake on the other side. A spinal irritant is given alone, when the symptoms are cerebro-sympathetic. It needs both, and China and Ars. will do.

7 P.M. Better. Cont.

Nov. 23, 2 P.M. Better. Cont. every three hours.

Nov. 24, 10 A.M. Some heat this morning; feet were cold previously; tongue dry; cough not as loose. Bry.<sup>6</sup> every three hours.

Here the chill recurs with the same symptoms. The sympathetic system is more disordered, and the disorder is reflected over upon the spinal in spite of the China, which should not have been withdrawn, but Merc. or Ars. should have been added.

Nov. 25, 3 P.M. Some cough, loose with rattling in the tra-

chea; no stool; abdomen tender; some heat last night; very hungry. Sulph. 4 glob., and cont. Bry.

Nov. 26, 7 P.M. Better. Cont. Bry.

There was no more trouble. The convalescence was rapid, except the cough. Three weeks after he had a deep, loose cough; and Sulph. 6 glob. every six hours, put a sudden stop to it. This case did very well, but the first and last parts were bungled.

CASE 145.—Nov. 2. Joseph L., Jr., 2. (1183.) Five days ago was taken with cough and vomiting; two days after there is a distinct chill followed by heat; some sweat; no appetite; is weak; no chill since the first; restless at night; don't sleep. Ars. 1 every four hours.

Here the sympathetic symptoms greatly predominate, especially the gastric, through the pneumogastric nerve, hence the cough as well as vomiting; and probably the chill is only reflex. If so, Ars. is sufficient; and it cured.

CASE 146.—Nov. 4, 10.30 A.M. Amos G., 31. Shoemaker. (1187.) Ague. Been complaining some time. Taken with a chill and vomiting day before yesterday, about noon, with pain in the bones and all over; great thirst and vomiting, and constant nausea; vomits after drinking; chill lasts two hours; heat followed, lasting till next morning; in the heat all the symptoms aggravated, and had headache; was chilly if he stirred even a finger; yesterday cold feet, then chill, followed by heat, and some sweat just at dark; to-day, a little after noon, had the same performance; sweat last night about 9; chill with the heat in the night, and delirium; constipation; yesterday morning took 20 grains of Quinine, and some more this morning; abdomen tender to pressure on both sides of the umbilicus, with sharp catching, drawing pain there; dry, hacking cough; worse in the heat; breath very offensive; pulse 70; bitter, bad, sickish taste; lips blue in the heat and face pale; heavy pressure in the stomach; dizzy; makes him vomit to sit up; darting, shooting pains all over, aggravated by vomiting; crampy pains in the hypogastrium, which go all over him and make him feel deadly sick. Bry. and Puls. every hour or two.

Nov. 5, 12 M. Sweat profusely all night; no pain; no chills; no appetite; one stool. Bry.<sup>6</sup>, Puls.<sup>6</sup> every two hours.

Nov. 9, 4 P.M. No more chills; pains have not troubled him much.

The malarious disorder was slowly developed in this case. This is a good case for Eupatorium; but the Quinine stopped the paroxysms. Puls. may have modified, and perhaps prevented the development of some of the Quinine symptoms. Ignat. and Ars., or Nux and Merc., or Eupatorium would have cured this ague. He is a drinking man, and many of the symptoms arise from that condition. The chill with heat last night, and delirium and dry cough, and pressure in the stomach, are Quinine symptoms.

CASE 147.—Nov. 11, 10 A.M. Emma S., 2. (1195.) Slight chills; not much pain; long-continued, but not great heat; thirst; nausea. Ars. 2 every six hours.

The chill here is so slight that it may be reflex sympathetic, and the great length of the heat fixes the disorder on the sympathetic system, and the pneumo-gastric nerve is specially disordered. If but one remedy is given, that one should be Ars. There were no more chills. It would be less likely to return if China had been alternated.

CASE 148.—Nov. 12. Richard P., 3. (1198.) Slight chills; nausea; no appetite; headache; heat almost all the time, and chilly too; Ars. 2 every three hours.

This case is much like the last, but there is headache and no thirst; but, as the case is reported, it might not have been noticed. Ars. cured.

CASE 149.—Nov. 15, 1 P.M. William C., 34. (1204.) Has not been well in a long time. Had chills and heat; day before yesterday, at 9 A.M., had a distinct chill, lasting till 12 M.; seemed to start from the spine and run up and down and all over; one sensation of chilliness follows another, like waves; finger-nails blue and hands white; feet cold and ears blue; no thirst; no appetite; no pain, except in the legs; bad taste; face greenish-yellow and bluish-red; skin cold; constipation; next came heat mixed with chills; heat about the eyes first, and headache, and then heat all over with chills and shivering, till 9 P.M.; pain and soreness through the right hypochondrium, from before, back; tender on pressure; nausea when the heat begins; sensation of great weakness; not much thirst; no appetite; mouth dry; wanted some chicken-broth; dull and drowsy in the heat, and somewhat so in the chill; sits down and then don't want to move; bitter taste; tongue coated all

over white; very thirsty; began to sweat at 9 P.M., and sweat moderately a couple of hours; no pain; in the apyrexia had pain in the right hypochondrium; worse at 12 P.M.; hurts to touch the hair on the scalp; throat feels sore; hawks up hard, greenish scales or scabs from the fauces, with blood; no appetite; confusion of the head, but more in the chill; occasional cough; chill seems to be all outside. *Nux<sup>6</sup>* every three hours, one day, *Sulph.* next, &c.

Here we have malarious disorder in a rheumatic diathesis. Yesterday it first clearly developed in a distinct chill. The starting-point is in this case perceptible. The chills began in the spine, and seemed to him to run all over the surface; didn't get inside, and went in waves. It would be singular if this phenomenon could be logically deduced from the constriction of the bloodvessels by the muscles through disorder of the vaso-motor nerves. And yet it is maintained by pathologists that the chill depends on such constriction or lessening the calibre of the arteries. Perhaps actual coldness may, but actual coldness of the skin and sensation of chilliness are two entirely distinct phenomena and have no relation to each other, either of time or place or circumstance. An analysis of the symptoms of this case completely refutes all that has been said about it. This case is strangely mixed. There is disorder of the liver, hence the bad color of the skin and irregular chills and heat so long continued; an old sore throat, hence the coughing and spitting; the feeling of soreness in the throat, and sore scalp, and cerebral symptoms are evidently rheumatic. There are very few really malarious symptoms, but the malarious disorder mixes with and aggravates all the other symptoms. The greenish, yellowish, bluish-red face is a bad symptom and foreshadows trouble in this case. The disease of the liver must be cured or the paroxysms will return. It is easy to see that the spinal disorder predominates, as almost all the symptoms appear in the chill, and even mix up with the heat and run through to the sweat. This case should never have been left to *Nux* alone; we need also a sympathetic and general cell irritant, or "polychrest" with it, and *Sulph.* is selected. But it will not act specifically on the mucous membranes of the air-passages, and upon the liver, and meet the rheumatic diathesis at the same time. *Ars.* will, however, and also meet every other condition not met by *Nux*. Pity it had not been given. It would have done more alone than *Nux* and *Sulph.* both.

Nov. 17, 9 A.M. Had a chill at 12 M. yesterday; throat sore, and hawks up pieces of dry, bloody mucus; some soreness in the left hypochondrium on pressure; most of the old symptoms present. *Cout.*

Nov. 24, 1 P.M. Pressure and soreness at the pit of the stomach, with pain through to the spine; soreness in the whole right hypochondrium; head feels dizzy; whirling on rising; some heat and thirst in the night, and sweats if he falls asleep after 5

A.M.; appetite poor; bad taste; chilly occasionally; tongue coated; chills in the back; constipation. Bry.<sup>6</sup> 6 and Merc. 6 every three hours.

The Nux seems to have allayed some of the cerebro-spinal symptoms, but almost all the others remain. Sulph. has been idle, and yet they have been continued a week. There are occasional chills and heat and thirst every night, and morning sweat. Bry. and Merc. are not so bad; China and Ars.<sup>20</sup>, or Nux and Merc. would do well, probably much better.

Nov. 27, 12 M. Chill yesterday at 2 P.M.; chill on inspiration, not expiration, ran up and down the back; no thirst; skin cold; face, hands, nails, and ears blue; headache in the heat; pain from the back, below the scapulæ, to the stomach and through both hypochondria; when lying down has great uneasiness there, as if the liver was being pressed and drawn outward; a tired feeling, with soreness and heat; don't want to move, and yet can't be still; heat all night; no pain; only soreness this morning; soreness and tenderness on motion, through the lower part of the chest, in the night; good appetite this morning; yawning and stretching before the chill; chilly in the heat; chill on exposure to the air the first part of the night; in the heat, pain in the knees; "outrageous constipation;" stools like sheep-dung; in the apyrexia crampy pain in the ball of the left thumb and in the hands; gripping in the heat. Cont.

Here we have the remarkable symptom of a reflex chill, or at least an aggravation of the spinal disorder, from the irritation of cold air applied to the pulmonary mucous membrane; and the chill so started runs up and down the back. There is actual coldness of the skin, and blueness. The symptoms are mixed; the pains and soreness are in part rheumatic and in part from malarious irritation of the posterior spinal column, and no doubt there is actual disorder of the liver, and perhaps spleen, and that is partly due to disorder of the hepatic plexus; and the "drawing" sensation indicates muscular disorder, and that is of course rheumatic. The spinal and sympathetic symptoms seem to run parallel now, as there are chills in the heat and excito-motor symptoms before the chill. The pain in the knees, in the heat, is certainly rheumatic. There are no gastric symptoms, as there certainly would be but for the rheumatic diathesis. The proper medicines here are Puls. and Ars. Bry. does not reach the hyperæsthesia of the pulmonary mucous membrane, a posterior spinal symptom, and Merc. is not homœopathic to rheumatic pain and soreness in the region of the liver.

Nov. 29, 11 A.M. Chill yesterday and to-day; nasty, bitter taste; one stool, much like sheep-dung; pressure and soreness

in the chest, and soreness through both hypochondria; felt this morning on waking as if he could not stir, so tired; some pain about the heart; some uneasiness about the upper part of the abdomen; some heat in the afternoon; some appetite in the morning, and at 4 P.M.; no sweat. Acon. every two hours.

So we have a chill every day, and the old symptoms, but much less heat and some more threatening of the heart, which can hardly be expected to escape, and Acon. is given. The spinal symptoms are taking the lead, and no spinal irritant less than Puls. can meet them, and it may be that Nux is better. Puls. and Ars. should be given.

Dec. 1, 4 P.M. Heat to-day and chilly at 1 P.M.; ears blue and face bluish; lips bluish-red; sharp cutting and griping pain in the left hypochondrium, going back and through to the left scapula and down into the left arm and elbow; left side of the abdomen tender to pressure, also the left hypochondrium; no sweat; very thirsty; skin hot and ears cold; sharp, catching pain in the right hypochondrium alternating with that in the left; pressure and soreness, and sometimes sharp pains, at the pit of the stomach; pain in the knee-joints, which are weak and sore; lame, and can hardly get up; has been reckoning up notes and accounts, but gets terribly confused; dreams that he is several individuals at the same time. Chin.<sup>6</sup> and Bry.<sup>6</sup> every two hours.

The symptoms of two weeks ago have returned, and nothing has been gained. China and Bry. are now given, both cerebro-spinal irritants; China and Ars. or Nux and Ars. it should be, or Puls. and Ars. is perhaps still better. Had either couple been given, and persevered in from the first, the patient would have had no chills after a week.

Dec. 2, 4 P.M. Feels weak and sick, and had heat all night and a chill at 2 P.M. to-day.

The two spinal irritants seem to have stopped the chills, but the rheumatic disorder with heat now takes the lead, and he was treated with Rhus, Bry., Phos. ac., Nux, Sulph., and Sepia till the 21st, when he had China<sup>6</sup> every three hours, having had a chill every night regularly since the 18th, with thirst before and during the chill, but good appetite. China was a good prescription. Had no more chill till Dec. 27.

Dec. 27, 2 P.M. Had a slight chill after midnight. Paris quadrifolia 6 every six hours.

There were no more chills. Whether the last medicine had anything to do

with the cure is uncertain. It seems to act almost exclusively on the muscular system, and is a posterior spinal irritant. It might do to think of it in agues, in a rheumatic diathesis; as also of Cimicifuga in case the patient was a female.

**CASE 150.**—Nov. 18, 11 A.M. Joseph L., Jr., 2. (1206.) Chill in the forenoon, and skin covered with goose-pimples from the shoulders to the wrists; would get warm a little while and then get cold again; at 4 P.M. gets very hot; at 10 P.M. head gets very hot, and is restless till morning, when he sleeps; cutting teeth; mouth sore; upper gums and roof of the mouth covered with sores; bowels regular; hungry, but hurts his mouth so to eat; “crusta lactea;” arms and finger-nails purple in the forenoon; nose runs. Bell.<sup>6</sup> 2, Rhus<sup>6</sup> 2, every four to six hours.

This child has an inveterate skin disease and is subject to canker. The chills are every day and malarious symptoms predominantly spinal. The heat in the head is probably reflex from the irritation of the mouth, and so only incidental. Here we need a spinal irritant that will, if possible, relieve the local irritation and skin disease. Has taken Quinine for ague before this attack, and various medicines, domestic and homeopathic, for the skin complaint. Rhus answers well enough as a spinal irritant, and answers to the moist, yellow, thick crusts half-covering the scalp. Merc. as a sympathetic irritant meets the disorder of the mucous membrane, the cutting teeth, and the eruption of the scalp. Bell. may do all this, but very imperfectly. It is not homeopathic even to the heat of the head. There were no more chills, and the mouth was better immediately.

**CASE 151.**—Nov. 26, 7 P.M. Eliza McD., 3. (1220.) Chill at 10 A.M., with thirst; then some heat with thirst; no pain; sweat at 12 M., and was hungry; was same yesterday. Chin. 2 every three hours.

Here we have a regular paroxysm of ague, with hunger after the sweat and a distinct, clear apyrexia, and this is only the second day, and the disease is purely functional. It is one of those cases that Quinine will sometimes cure radically. China is the remedy, but it is safer to give Ars. or some sympathetic irritant with it, else the chills may return. There were no more chills.

**CASE 152.**—Dec. 5, 2.30 P.M. Charles McD., 15 mos. (1227.) Vomiting with chills, night before last, and heat after till morning, and then sweat; heat again last night, and vomiting and chill, and sweat towards morning, with pain and difficulty in urinating; colic or griping; no thirst. Acon.<sup>6</sup>, 1 globule every hour in the heat; Ars. 1 every three hours after.

Dec. 6, 1 P.M. Dry, tight cough; nose runs; sneezes; some heat last night; no chill; some sweat. Cont.

Here the vomiting occurred in the chill, and is of course a spinal symptom. The regular paroxysm and the recurrence the next night determines the malarious character, though the last paroxysm was very irregular. The malaria is acting on the lower sympathetic, and there is not even hypersæthesia of the pneumogastric, and so no thirst, though there is vomiting in the chill; and so certainly is this a spinal symptom, that when the second paroxysm commenced with heat this symptom did not appear till the chill came on; that was followed by sweat without heat. This order of heat and then chill and then sweat is not common. The disorder of the excito-motor system in the chill indicates Ignat., and Ignat. and Ars. are the remedies. The next day the symptoms are somewhat better covered by Puls. and Merc. Besides, bronchitis is epidemic now. Acon. and Ars. cured, or rather Ars., which is homœopathic to "nose runs" and "no chill."

CASE 153.—Dec. 6, 8 A.M. Phœbe W., 18. (1229.) Typhoid fever. Wet her feet during the last menstrual period, and was soon after taken with chills, and heat, and pain all over; has now pain in the stomach, chest, limbs, shoulders, and stitching, darting, running, shooting, and sensation of trembling all over; no appetite; feels very weak; loose cough in the night. Puls.<sup>6</sup> every two hours.

A very good prescription. Puls.<sup>3, 20</sup> in alternation is a better.

Dec. 7. Better. Cont.

Dec. 9, 9 A.M. General restlessness, with pains shooting all over; complains most of pain in the stomach; grunting respiration; general chilliness; some heat this morning, followed by sweat at 4 o'clock.

There is tenderness to pressure in the right iliac region; dry, hacking, whistling cough; cold feet; frequent loose stools, involuntary, and running off like water, and having the appearance of water with corn-meal stirred into it; some deafness; skin dry, and wrinkled like old parchment; has a stool whenever she turns over in bed, and sometimes after much less motion, with vomiting; pulse 106; was thirsty all night; no thirst this morning; face pale; hurts in the abdomen to cough; wheezing breathing; lips red; tongue very pale, and papillæ red and prominent; tongue red at the point and edges, and a very narrow streak in the middle, and tremulous, but not

very dry; occasional shooting pains in the head, forehead, and back, and shoulders; ringing in the ears; sleeps very well; no appetite; right arm numb, and feels as if it was wasting away; skin gets cold immediately it is uncovered, but is very hot when covered. *Rhus.*<sup>4</sup>, *Phos.*<sup>3</sup> every one and a half hours.

This prescription is bad. The *Puls.* was left alone too long; still it is better than *Phos.* now, while the involuntary stools, and the unequal heat imperatively demand *Ars.* *Puls.* and *Ars.* are the remedies.

Dec. 10, 10 A.M. Left cheek very red; tongue getting very red, dry, and tremulous; papillæ prominent and sharp; stools less frequent; hoarse, dry, harsh cough; pulse 104; grunting respiration; lips dry, and under lip cracked and bleeding; pain in the bowels. *Rhus.*<sup>6</sup>, *Chin.*<sup>6</sup> every hour.

7 P.M. Very little change; stools yellowish and watery; says frequently, "Oh dear! oh dear!" Some cough; grunting breathing; complains of no pain, and yet seems sorely distressed; stupid; tongue thick. *Merc.* and *Chin.* every hour when awake.

*Chin.* was not as appropriate as *Phos.* would have been this morning. The grunting breathing certainly indicates *Merc.*, and the cerebral symptom including "thick tongue," *Bry.*, and a spinal symptom should be given, else we shall have a chill. *Bry.* and *Merc.* are the remedies.

Dec. 11, 7 A.M. No stool since last night; lips paler, but dry; pulse 110; tongue moist, and less red; pit of stomach tender to pressure, as well as the right iliac region; face paler; less heat in the night; skin now cool; grunting breathing; short hacking cough; musty, earthy smell of the body; occasionally takes a long breath. Cont. every one and a half hours.

8 P.M. Some improvement; not much heat; grunts a good deal; rather stupid; sensible enough when aroused; complains of her lips being sore; yawns; seems to hurt her to cough; occasionally restless. *Merc.* and *Bry.*<sup>6</sup> every one and a half hours.

This prescription is correct. Perhaps *Merc.*<sup>20</sup> and *Bry.*<sup>8</sup> is a better.

Dec. 12, 9 A.M. Pulse 114; lips thick and scabby, and have a flabby appearance; tongue very red; breath fetid; stupid; deaf; restless; complains of pain when aroused; a good deal of general heat; left cheek red, and quite hot. *Cham.*<sup>6</sup> and *Bry.*<sup>6</sup> every one and a half hours.

4 P.M. Two stools like what she passed before. Cont., but if the diarrhoea returns, give Merc. alone every two hours.

The prescription should not have been changed this morning.

Dec. 13, 8.30 A.M. Slept considerable; mouth very dry; thirsty; tongue very red, and papillæ enlarged; tongue fissured; face rather pale; heat moderate; considerable loose harsh cough; stupid; pulse 119. Cont.

8.30 P.M. Pulse 110; skin and tongue moist; sleep natural, and sleeps a good deal; heat natural; one stool. Cont.

Dec. 14, 9 A.M. Pulse 118; not much heat; has eaten some. Cont.

8 P.M. Pulse 118; less cough, and loose; mouth and tongue dry; groans; complains of being weary; tired; tongue very red and smooth; breath fetid, as it has been the last three or four days; stools involuntary, dark yellow, fetid; abdomen full, but not tender. Merc. and Ars. every one and a half hours.

Ars. should certainly be given here, though it is a question if Merc. is needed with it. A good prescription is Ars.<sup>20</sup> every three hours, and Merc.<sup>20</sup>, 6 after each stool, or Bry. and Ars.<sup>20</sup> every two hours.

Dec. 15, 9.30 A.M. Pulse 110; face pale; tongue red, and like a piece of raw beef; corners of the mouth sore, and bleed; under lip parched, and scabby, and dry, and indented; increasing tenderness in the right iliac region; abdomen full; mouth dry; sleeps a great deal; heavy breathing; loose cough; no sense of propriety, modesty, or delicacy, or even common decency; throws off the clothes, and throws her legs up and about, exposing herself completely if not prevented, and that requires one or two women all the time; stools involuntary; scowls and wrinkles the skin on the forehead, and that so deeply between the eyes as to have a fiendish look, even in her sleep; sordes on the teeth; not much thirst; delirium last night; stools dark yellow, reddish; and seems to hurt to cough. Bry. and Phos. every hour.

There is nothing new here or deserving special attention, except the reddish stools. It has more the appearance of a red dye than blood, and usually precedes intestinal hemorrhage. Bry. and Nit. ac. are the remedies.

10 P.M. Pulse 118; respiration 44; skin dry, and rather too

much heat; abdomen and stool same; wants to get out of bed, and exposes her person without scruple in trying to do it. Bell. 1 dose every four hours, and cont. Bry. and Phos.

Dec. 16, 9 A.M. Very little change; not as much shrinking from pressure in the right iliac region, or rather ileo-cœcal; heat natural; respiration 36; pulse 118; rattling of mucus in the air-passages, and loose hacking cough; face slightly bloated, and skin of the forehead shiny and puffy; feet cool; stools bloody like beef brine; cramp in the right shoulder. Phos. ac.<sup>3</sup> every hour.

Ars.<sup>20</sup> and Nit. ac.<sup>2</sup> should have been given every hour last night and to-day. The œdematosus swelling of the forehead is an Ars. symptom.

9 P.M. No change. Cont., and every fourth dose give one drop of Phos. ac.<sup>3</sup>

Some recommend Phos. ac. in one, two, or three drop doses.

Dec. 17, 9 A.M. Quite stupid; bowels same; sleeps most of the time; tongue and lips black, and an occasional, deep, sighing inspiration; pulse 111; some cough; can hardly arouse her. Ars. and Bry. every one and a half hours, and an enema of cold water, with a few drops of Nit. ac.<sup>2</sup> in it; about 10 drops to 8 oz. of water.

10 P.M. Has had two enemas, and both were retained; nothing passed since; heat natural, except the toes, which are cold, and back of the hands and arms are quite cold. Cont. med.

Perhaps nothing better could be done, unless Ars.<sup>20</sup> had been given.

Dec. 18, 9 A.M. Pulse 109; circumscribed redness of the cheeks; lips dark and scabby; cheeks dark red; corners of the mouth bleed; cough not quite as easy; skin warm; no appetite, but asked for some milk this morning; respiration 35. Cont.

Dec. 19, 9.30 A.M. Two stools, the last bloody; tongue dry and red; lips covered with thick yellow scabs; pulse 106; skin warm; respiration 34; seems to want something, but is unable to ask for it; mutters in her sleep about eating; has been sponged occasionally with cool or cold water, when there was

heat, ever since she was sick. Two enemas, and Bry. and Ars. every hour and a half.

The muttering about food in her sleep indicates returning appetite. Seems conscious, but can't speak, the tongue being more like an inflated bladder, colored red, or much swollen and covered with thin glass, as it is quite as smooth and dry. The lips rather indicate Rhus, and Rhus and Nit. ac. should now be given.

7 P.M. Pulse 114; respiration 34; lips black; tongue red and dry; cough not as loose; the weather is excessively cold and the house is not very close; new, but not well built, and, they say, "lets in lots of cold;" not much heat or thirst; yawned this afternoon and had a chill followed by very great heat; no appetite; the first enema to-day passed away immediately. Phos. ac.<sup>3</sup> and Rhus<sup>6</sup> every hour and a half.

The second enema was retained. The weather has no doubt some effect on this patient, but the disease is complicated with malarious disorder, and to-day we have a chill, which is by no means the last. These chills always aggravate in any disease, and will here.

Dec. 20, 9.30 A.M. Yawned a long time this morning, after drinking a teacup of cold water, and her teeth chattered, and hands and arms were cold and blue, with sensation of coldness of the feet, which were warm; chill did not last as long as yesterday, and there was very little heat after; cough not as loose; one yellow stool last night and one this morning. Cont.

8 P.M. No stool; some heat this afternoon. Bry.<sup>4</sup> and Ars. every hour and a half.

And so the chill returned, and the medicine is changed. It is not a bad prescription, but Ignat.<sup>3</sup> and Ars. is a better. The heat is irregular, but the afternoon heat requires a sympathetic irritant, and the unequal temperature calls for Ars.

Dec. 21, 8 A.M. Was much excited in the night by the arrival of her sister, and is not quite as well as yesterday morning; inclined to talk and laugh, but is very nervous. Bell.<sup>6</sup>, 6 glob., after which Bry.<sup>6</sup> and Rhus<sup>6</sup> every hour and a half.

Ignat. and Ars. is much better; it verges on hysteria.

9 P.M. Been delirious almost all day; tongue not as dry; eyes red; wants to eat; hungry; cough loose; not much heat; some-

what restless and worried about some imaginary bonnet; lips dry and black; forehead puffy and shiny, more than at any time before; cries and weeps because they don't give her some supper; seems much grieved; has taken some milk porridge and some chicken broth to-day, and is now crying for fried pork and bread. Coff. 6 glob., and after two hours cont. Bry. and Rhus.

This is the first she has eaten; would not eat before, but has had milk and water and sugar-water, which is of little account, and sometimes causes "heart-burn" and sour stomach. Ignat. and Ars. are the remedies; Coff. is of no account here.

Dec. 22, 9 A.M. Less talkative; did talk almost all the time; is more quiet, but very hungry; urine is turbid, and has a thick flocculent cloud two-thirds of the depth of the glass. To have beef soup and bread, and cont. every two hours.

Dec. 23, 9 A.M. Good appetite; is rational a part of the time; wants her shoes, her bonnet, to go home, &c.; jumped out of bed nearly naked, last night, and started for the door, but fell on the floor and was put back; in spite of sponging and careful rubbing with the hand, and keeping the bed as dry as possible, there are several small bed-sores over the sacrum. Covered them with isinglass plaster. Cont. Rhus<sup>6</sup>, Bry.<sup>6</sup>.

Bry. and Ars. are equally homœopathic to jumping out of bed. These bed-sores are troublesome things, and require great care and attention. The back should be examined every day and not trust to nurses; and it should be sponged with cool water every day, and if there is any redness in patches and heat, a wet compress may be worn a part of the time, and when taken off the parts should be carefully dried and rubbed gently afterwards with a smooth hand. Water is the best dressing, even when there are sores, and before and after ulceration the parts may be covered with isinglass plaster. The patient should also be induced to lie on the side as much as possible, and the bed should be kept as dry as may be. Unfortunately the bed-sores are most likely to occur in those cases where the best means cannot be used, as position, keeping the bed dry, padding to take off the pressure, &c. The worst cases lying on the back, and only roll and tumble about to fall back into the old position. Rhus and Bry. are continued. Still I would give Ignat. and Ars.<sup>10</sup> every four hours, or Bry. and Nitr. ac.<sup>3</sup>

7 P.M. Has been hungry all day; slept very well; has no heat nor chill; thinks she is somebody else. Sulph. every two hours.

This illusion of the senses is not surprising, and arises from imperfect transmission of the sensory vibrations from the periphery to the brain, and the slow

perception when it does arrive, so that the impression is finally like that received from a distant object. I have noticed a similar phenomenon in partial anaesthesia with chloroform and ether, and from the same cause. The impression is imperfectly transmitted, and so tardy as to give a perception of having come from some one else. Thus a lady insisted that the dentist was trying to pull out her brother's tooth when the forceps was actually on her own. And another one remarked, the moment after the tooth was out, that "somebody across the street got terribly hurt, but she was glad it wasn't her." What Sulphur can do for this I don't know; it needs some neurine cell-irritant, and a general one, not a cerebral. Sulph. seems to have some such action, and as there is no delirium, no disorder of the vaso-motor system, no chills, no heat, and good appetite, Sulph. may be homœopathic here; though it has no such symptom, nor has any other drug.

Dec. 24, 9 A.M. Better; complains of the bed-sores. Sulph. 4, and repeat in eight hours.

Dec. 25, 10 A.M. Improving. Sulph. every four hours.

Dec. 26, 12 M. Better. Cont.

Dec. 27. Improving. No medicine.

Whether Sulphur was of any use it is impossible to say, as the patient was convalescent when it was given, and continued to improve; but the end was not yet.

Jan. 6, 1854, 4 P.M. Has been steadily improving, though taking no medicine; I have seen her every two or three days, having other patients in the same house; was just now called in to see her again; appetite not so good; tongue coated; too much heat all day; feet cold; face alternately pale and red; illusions of the senses; says she sees an old woman and other persons in the room; complains of pain in the rectum; grunts occasionally and whines; laughs and cries by turns; gets up; is uneasy; talks wildly, incoherently; lies and strains and passes her stools in bed; indelicate; has no sense of decency; when remonstrated with, she says she is ashamed to show her a—e before all the people in the room; affirms that there are babies in the bed an inch long, and then suddenly throws off the bed-clothes and pulls her chemise up to her chin to show them. Acon. and Bell. every two hours.

Acon. is of no account here, and Hyos. will hardly do, though it has the symptom, "uncovers his whole body," and Phos. has, "absence of shame: she undresses herself and wants to go naked," and Opi. "no sense of propriety." They are all centric, while the symptoms here are reflex. The Stram. symptoms of

this character, and the Bell. symptoms are also centric, and the condition is that of delirium, while this is only hallucination or disordered perception.

It is now time for the menses, and was a week ago, but they would be delayed for a while by the condition in which she was left by the fever. Now she is recovering rapidly and every function is being resumed, and that with the rest; and the ovarian irritation is reflected upon the weakened brain; hence the illusion of babies and the indecent language and actions, a mere hyperesthesia of the organ of philoprogenitiveness and the associate organs. Puls.<sup>20</sup> is the remedy, Ignat. or Bell. next.

Jan. 7, 10 P.M. Frequent stools; pulse frequent and quick; skin hot; rather wild occasionally; has strange fancies. Hyos.<sup>6</sup> every half hour.

This is technically correct, as Hyos. has the symptom, and so has Stram. and Bell., and Puls. and Ars., and Merc. and Cicuta, and Sulphur, and a hundred other medicines. But these fancies really belong to Puls. and Ars. The stools, pulse, and hot skin to the last, the fancies to the first.

Jan. 8, 5 P.M. Was sent for this morning, but was not at home; some time in the morning was taken with intestinal hemorrhage; passed nearly a gallon of blood (so reported) before the last discharge of a pint an hour ago; the family agree in saying that the blood ran out, like pouring out water, until a vessel holding more than a gallon was nearly ready to run over, when she fainted and it ceased to flow; the blood was black, like tar, and very little of it coagulated; looked more like hot tar than blood; since that has had two discharges of nearly a pint each, besides what was lost in the bed; the sheets are saturated with blood; the discharges have been preserved as far as possible; there yet remains four quarts and a pint, by measure, besides what was lost in the bed; she is just now having another discharge in the bed. I find on examination at least a pint, partly coagula and partly the dark, stinking tar-like substance which constitutes the mass of the other discharges; she lies in bed on her back, and is unable to raise her hand or even move a finger, and is almost as white as were the clean cotton sheets on the bed before they were soiled; appears to be perfectly conscious, and answers questions correctly in whispers, but only audible when the ear is close to her lips, and even that exhausts her; complains only of feeling hot, nothing else; pulse scarcely perceptible, and sometimes cannot be felt for minutes together; there was slight delirium before the last discharge;

skin cool; respiration natural; her head was just now raised a little, cautiously, not more than five inches, when she fainted before her pillow could be shaken and restored; pulse, when she has any, very frequent and irregular; occasional retching and hiccup. Chin. every fifteen minutes, three doses, and then China and Nitr. ac. every fifteen minutes.

The prescription is a good one, unless, perhaps, the medicine is too frequently repeated.

9 P.M. Has had one discharge of blood, a trifle less than a pint; pulse stronger and less frequent, and more full and regular; had an enema of one pint of water, cool, with three drops of Nit. ac. in it, immediately the blood passed, and since has had Nit. ac.<sup>24</sup>, one drop every half hour, as directed in such case; has had some pain in the abdomen; no urine; after the enema, some retching occasionally; legs and feet have been very cold, and has complained of being cold, very cold; hands blue; skin generally cold, though she has been surrounded with as many flannels heated by the stove as could be got near her from the first, though for several hours it was difficult to keep them near her, she complained so much of the heat, now the nearer and hotter the better; respiration natural; sleeps a good deal. When awake, Chin.<sup>6</sup> and Nitr. ac.<sup>2</sup> every half hour.

The principal feature of the case here is the immense loss of fluids, mostly blood. The whole was accurately measured so far as saved, and amounted to six quarts, or over thirteen pounds, and not less than two pounds must have been lost, and all this in about twelve hours, and the patient's ordinary weight is one hundred and nineteen pounds. Such losses are sometimes tolerated by females in hemorrhage from the uterus. But few recover, however; and it may be a question here if the menstrual function had not something to do with it. I question if a male could have borne it. In 1838 I had a patient, who was sick a few days before I saw him, with irregular chills and heat, for which he took "Epsom salts." One afternoon I was called for the first time to see him, he having passed seven pints of the same black, stinking, tar-like fluid. I gave him only Morphine (Sulph. morph.) about  $\frac{1}{2}$  of a grain in two or three doses. This was half an hour after the discharge. There was no return of it, and probably might not have been. He was a strong, muscular man, and the symptoms had been unequivocally typhoid. His usual weight was one hundred and sixty-five to one hundred and seventy pounds. There was nothing more of it, and he was about his work in a few days, and was alive thirty years after. The fluid in these cases is inconceivably offensive, precisely like blood that has stood exposed till it has become putrid.

Jan. 9, 7 A.M. No discharge since 8 P.M. yesterday; improving; pulse 98, but scarcely perceptible; seems to have considerable strength; no pain; tongue clean, reddish, and dryish; some thirst; lips dry; some appetite; skin rather too cool; very pale. Phos. ac.<sup>1d</sup> 1 drop, Nit. ac.<sup>2d</sup> 1 drop every hour.

I see no reason for giving Phos. ac. in place of China.

6 P.M. Large discharge of blood this afternoon; was spilled by accident; had another enema of cool water and Nit. ac. immediately; pulse 120; weak, but stronger than in the morning; some tenderness in the hypogastrium; complains of water-brash immediately she is turned upon her side. China every hour till 8 A.M., after which cont. Phos. ac. and Nit. ac.

The persistence of the hemorrhage, and the increased strength of the pulse under it, certainly shows its relation to the menstrual function. It is better to continue the China with Nit. ac.

Jan. 10, 10 A.M. Pulse rather full and quick, and 120; face pale; some appetite; no stool; urine free; respiration natural. China every two hours.

Should be China and Ars.<sup>20</sup>.

9 P.M. Three or four stools to-day, dark, yellow, and very offensive; tongue clean; thirsty; has eaten beef-broth, with rice in it; face more natural; pulse 135; skin feels natural, but too warm; respiration 28. Rhus and Phos. ac.<sup>3</sup> every hour. If there is any blood in the stools, Nit. ac.<sup>2</sup> in place of Phos. ac.

China and Ars.<sup>20</sup> are better.

Jan. 11, 5.30 P.M. Five or six stools like thin gruel, yellow, and very offensive; heat and great thirst last night; lips feel sore; some delirium; skin now natural; some appetite. Ars. and Sulph. every two hours.

Better China and Ars.<sup>20</sup> Sulph. has such stools.

Jan. 12, 10 A.M. Pulse 120; respiration 26; skin cool; no stool; rumbling in the abdomen. Cont.

Jan. 13, 4 P.M. Two stools to-day; less thirst; good appetite. Cont.

Jan. 14, 10 A.M. One stool; good appetite; more thirst; wants bread and butter, with raw onion. Merc. every two hours.

In almost any other than a typhoid condition Merc. would be homœopathic to this condition of the bowels; but, for some reason, it seldom or never answers well here. China and Ars., or Bry. and Ars., are much better.

Jan. 15, 4 P.M. Some heat and great thirst all day; several small, fetid stools to-day; face pale; cheeks red; some loose cough; not much appetite; skin cool, unless covered; tongue dryish; corners of the mouth sore; abdomen firm, but not very full, and some tenderness to pressure in the right ileo-caecal region; and pressure there makes her cough; pulse 126. Apply cool wet bandage to the abdomen. Sulph. 6 every six hours.

There is, and has been from the first in this case, disorder, if not ulceration, in the ileum. Probably the fetid stools now are from that source. If the colon or cæcum was so much disordered, there would be distension of the abdomen. But the abdomen is not even full, there is no tympanitis, and the belly is as tense as sole leather. The local irritation, on pressure, is reflected upon the lungs, or rather respiratory muscles, through the sympathetic system and pneumogastric nerve; hence the cough. Cham. and Ars.<sup>20</sup> would do here.

Jan. 16, 9 A.M. Lips dry; tongue dry, tremulous, and pale, and very slightly coated; face pale; pulse 116; two very fetid stools; very deaf; cough loose. Bell.<sup>6</sup> and Calc. every four hours.

Bry. and Calc.<sup>20</sup> are better; Bry. and Ars. jod.<sup>3t</sup> still better.

9 P.M. More cough; influenza is epidemic now; pulse 135; tongue moister, and lips less dry; skin rather too warm; feet cold; some appetite; has eaten some mush and milk; thirsty, and drinks a great deal; one large and very offensive stool. Cont.

Jan. 17, 8 P.M. Better. Cont.

Jan. 18, 4 P.M. Two thin, yellow stools to-day; pulse 120; sleepy; some cough; less appetite. Merc. 6 every two hours.

Jan. 19, 8 A.M. One very small and more natural stool; pulse 114; no medicine.

Should have had Bry. and Ars. jod.<sup>20</sup>, or Bry. and Merc. jod.<sup>3t</sup>, 1 gr., every four hours.

Jan. 20, 12 M. One nearly natural stool; good appetite; craves meat; had a chill yesterday at 7 P.M.; no medicine.

Should be China every three hours.

6 P.M. Chill to-day from 1 to 2 P.M.; some heat and thirst after; feet cold; hunger before the chill and after the heat. Phos. 6 globss.

Should have Chin. and Ars. jod.<sup>st</sup> every four hours. The malarious disorder is interfering.

Jan. 21, 8 A.M. Better. One stool. Phos. 6 globss. In two hours Chin. 6 globss., and repeat in four hours.

Will do, but Chin. and Ars. jod. are better.

Jan. 23, 2 P.M. Improving. No medicine.

Jan. 24, 8 P.M. Frequent loose cough; improving every other way. Calc. 6 globss., and after eight hours Phos. 6 globss.

The symptoms of this case were very grave. The third day after she felt really sick, there were two of the worst symptoms we ever meet with the first week, to wit, involuntary stools and dry, wrinkled, parchment-like skin. The menstrual disorder was a bad complication, but the worst was the hemorrhage. Very few survive such a waste of blood. How far the treatment suggested in the clinical notes might have gone in preventing it cannot be known. What Baptisia might do in such a case I cannot say; its pathogenesis would warrant its use at almost any stage of this case. I cannot account for the relapse on the 6th of January, unless I refer it to menstrual irritation. No stimulants except a weak infusion of Capsicum and Ginger were given at any time, though many of the neighbors said she would die unless she had brandy, and half a dozen doctors volunteered an opinion to the same purport. I am of opinion that all intoxicating drinks are not only useless in such cases, but absolutely pernicious. Several years after this woman died, as I learned, of typhoid fever.

CASE 154.—Dec. 11, 1853, 9 A.M. Charles S., 8. (1235.) Chills and heat after. Chills with heat; sometimes has an appetite and sometimes none; pain in the stomach; no sweat. Ars. and Bry., 1 every three hours.

The distinct chill indicates spinal disorder, but not very serious, as it has no symptoms with it and the only symptom in the heat is pain in the stomach. Has had the chills some time. Chin., Bry., Nux, or Ignat. with Ars. will cure this case. There were no more chills.

CASE 155.—Dec. 13, 11 A.M. Esther L., 4. (1241.) Had the ague and took Quinine, and it soon returned, and so again and again. This morning had a chill before she was up, followed by heat; thirst in the chill; no appetite in the heat; hungry after; sweat with the heat sometimes, for an hour to-

gether, all the forenoon; it would stop and come on again after a few minutes; to-day had thirst in the heat; cough and soreness in the left hypochondrium; has a chill every other day, if she don't take Quinine; chill always comes in the morning; hands and nails blue; Quinine will sometimes stop it eight or nine days. Merc. and Phos., 2 globules every six hours.

This child has had the ague for months, except when stopped by Quinine, and the parents are tired of it and want her cured. The chill has always come on about 6 A.M. till lately, when it has occurred at all hours between 3 A.M. and 9 A.M. The "cough and soreness in the left hypochondrium," "thirst in the chill," and "blue hands and nails," may be Quinine symptoms, and all the symptoms are modified by the Quinine. The face is pale and has a sallow appearance in a full light, and lips are bleached. There is disease of the spleen which perpetuates the ague. The cough depends in part upon the local disorder, as she coughs whenever pressure is made upon the short ribs of the left side. There is some bronchial irritation now, and mucous râle. Probably the irregular sweat depends upon the pulmonary disorder. Phos. and Merc. are given. The first, no doubt, has some specific action upon the spleen; and, besides, there is structural disorder of the lungs. But there is no need of Merc. with it, and besides a spinal irritant is needed. Phos. has "cough and soreness in the left hypochondrium." Puls. is the proper spinal irritant here. There were no more chills.

CASE 156.—Dec. 14, 1 P.M. Ellen McW., 2. (1243.) Chill about noon every day; heat all the afternoon and night; sweats towards morning; thirst and cough in the heat; very hoarse; throat seems full of mucus all the time, with a good deal of rattling; dyspnœa at night and difficulty of swallowing. Acon. and Bell. every hour in the heat; Emet. tart. and Ars. every two hours after.

This prescription has very little to recommend it; all the symptoms occur in the heat, and no spinal symptom but a short chill. It will be seen that very little Em. tart. or Ars. can be given, the heat continues so long. Now Acon. can do little, and Bell. and Acon. can only stop the chill. Puls. and Ars. are the medicines. Perhaps Em. tart. alone might cure.

Dec. 16, 12 M. No chill nor heat; cried last night till 12 P.M.; seemed to have pain in the bowels; stools natural; slept all the forenoon; sweat on the scalp; profuse on the forehead; croupy cough. Spongia, 2 glob. twice a day; China every two hours to-morrow, and Bell. whenever she cries, 2 glob.

That is, when a child cries and you can't find out anything that is the matter, you are to give Bell. So we are directed by the theoretical book-makers.

Spongia might do well for the croupy cough, and China might cure the malarious disorder. The remedies are Puls. and Ars.

CASE 157.—Dec. 16, 3 P.M. Milo B., 12. (1244.) Has taken cold; tongue red and dry in the middle; nose stopped; pain all over; has had otalgia, otitis, and otorrhœa often; chilly all the time; sometimes the skin is hot, but feels chilly all the same; comes and goes every day for three days. Puls. every two hours.

The malaria is only slightly developed in this case, but was precipitated by the disorder from exposure to cold. Left to itself, in a day or two it would assume the form of distinct paroxysms.

There can be no doubt about Puls. in this case, and yet, on account of the peculiar tongue, Ars. should be alternated every three hours. Puls. cured.

CASE 158.—Dec. 16, 6 P.M. Luther C., 7. (1246.) Heat and chills together, and dry lips. Acon. every hour.

Here is a case that commenced to-day. In so recent a case Acon. might quiet for a time. It is doubtful if a cure by it would be permanent. Puls. and Ars. would really cure.

CASE 159.—Dec. 17, 7 P.M. Wealthy Ann S., 11. (1252.) Typhoid fever. Been sick twelve days. Took cold by sitting down after jumping a rope till sweaty; has been taking botanic medicine; not much, however; has had nausea and vomiting, and pain in the abdomen with diarrhœa, and nausea and vomiting before each stool; vomits immediately she swallows any drink; no sweat; great heat at times; chilly at first; very thirsty, but drinks only a little at a time; dry cough, from irritation of the larynx and trachea; tongue dry and red in the middle and at the point; bad taste; nose bled night before last, and then a headache she had before, ceased; stools are frequent; has had several to-day; fetid, and like yellow water with corn-meal stirred into it; can eat, but don't care for anything; urine yellow; pulse 112. Ars. 3 every two hours.

Ars. is unquestionably the medicine here, but as she had chills at first, there is no doubt malarious disorder, and I would give Ignat. for the dry cough, which is no doubt a spinal symptom, and Ars. in alternation every two hours.

Dec. 18, 9 A.M. Two small and more natural stools to-day; urine a deep yellow, and very offensive; some nausea, and has

vomited once; complains of feeling bad all over, from chin to pubis; restless; deaf; discharge of bloody matter from the nose; tongue very red and dry; lips scabby and black; tenderness to pressure in the right groin; delirium this morning; soreness behind the sternum; not much heat; pain in the bones; soreness inside of the right arm and right hip. Phos. and Ars. 2 every two hours.

There is no doubt some rheumatic disorder here, and the black, scabby lips and delirium indicate Bry., which should be given with Ars. every two hours.

6 P.M. More heat, less cough; slight delirium; lips black; two stools, with griping before; restless; tired; tongue very red and dry; lips dry. Bry., Rhus, every hour and a half.

This is an improvement, and though Merc. is specially indicated, by griping before stool, yet I would cont. Ars. with Bry.

Dec. 19, 10 A.M. One stool; no change. Cont.

6.30 P.M. Seems better; no appetite.

Dec. 20, 9 A.M. Three stools in seven hours, having the same appearance, and with griping; tongue moist and more natural; blows blood from the nose; heat natural. Ars. every two hours.

Should be Bry. and Ars.<sup>20</sup>.

5 P.M. Nausea before stool; only two stools; been very restless this afternoon; vomited fresh blood; no appetite; groans before stool; says, "Oh dear, oh dear!" general distress; tongue dry and nearly clear; lips black and scabby; says her mouth, stomach, and throat are raw. Rhus and Ant. cr. every hour and a half.

Bry. and Rhus are better, and better still Nux and Ars.<sup>20</sup> The throat and stomach is no doubt raw, and bleeds like any raw surface. Rhus has "nausea before stool," and would do well.

Dec. 21, 11 A.M. Four similar stools, the last a greenish-yellow; great distress at night; some delirium; seems to have pain in the bowels; some headache; picks her nose, and makes it bleed; nausea and retching; feet cold last night. Enema of warm water after each stool. Bry. and Merc. every hour and a half.

Merc. is certainly indicated, and yet it seldom does much for us in this form of fever. If given, it should be Merc.<sup>20</sup> or Merc. jod.<sup>31</sup>. I would give Nux and Ars.<sup>20</sup>

6 P.M. Has had two stools, and used two enemas, just having another stool with griping before; has been quite easy to-day, so far; complains of pain in the back of the thighs deep in to the bone; tongue dryish; some sordes on the teeth; dry hacking as if from dryness of the throat; lips dry and black; no delirium; is restless now, and says she feels bad. Coff. 4 every hour, three hours, and cont. as before.

I don't know what Coff. can do here. I would certainly stop the Merc., and give Bry. and Ars., or even Bry. and Rhus.

Dec. 22, 4 P.M. Four stools, and has had two enemas; black sordes on the teeth, and lips black; restless; uneasy; pain in the bones. Rhus<sup>4</sup>, Phos. ac.<sup>3</sup> every two hours.

Should be Bry. and Ars., or Rhus.

Dec. 23, 10 A.M. Pulse 100; nausea, and some hiccough last night, and was restless; pain in the bowels; feet inclined to be cold; some general heat; less thirst; one stool; no appetite; some delirium through the night; slept a good deal till midnight, and had warm compresses on the abdomen; would not have them on before, and won't have them on long at a time now, though they relieve the pain; tongue dry and smooth like red glass; says "Oh dear! oh dear!" yellow urine, and cloudy; a large round worm came from her last night. Cont.

Bry. and Ars. are the remedies yet. The worm came away because he was starved out. Rhus and Phos. ac. should do something.

5 P.M. Two stools; no heat; pulse 98; tongue slightly moist; less restless; lips black; asked for apple-pie; skin natural; feet and ankles ache. To have cold, wet compresses to the head, and hot to the abdomen. Bry. and Ars. every one and a half hours.

Should be every three hours, and Ars.<sup>20</sup> at that.

Dec. 24, 12 M. Seems better; four stools; the urine has a slight cloud in it, suspended towards the top, but no sediment at the bottom; not much heat. Cont.

Some authors, among whom is Rapon, esteem the sediment as having great diagnostic value, but I have not found it available in practice. They profess to be able to tell when and what a patient may, and should eat, by the amount and

appearance of the sediment or flocculent cloud in the urine. If it is valuable to them or anybody else, they are more fortunate than I have been.

Dec. 25, 12 M. Better. Bell. and Ars. every two hours.

Dec. 26, 2 P.M. Better; two stools. Bry. and Rhus every two hours.

Dec. 27, 9 A.M. Improving. Cont.

Dec. 28, 1 P.M. Better; some heat in the face; one cheek very red; hungry. Phos. every three hours.

Dec. 29, 2 P.M. Better. Cont. No other prescription.

Why so many changes are made I don't know, and why the one red cheek didn't call out Cham. is singular.

CASE 160.—Dec. 19, 1 P.M. Andrew McD., 3 $\frac{1}{2}$  (1255.) Four days ago was taken with nausea and pain in the pit of stomach; hurts there to walk, or even to move at all; headache; chills and hot flashes, with actual heat of the skin; yawns; skin is hot and dry, and yet he feels chilly and wants to sit over the hot stove; no appetite nor thirst only in the morning, when he drinks cold water, and then it lies cold in the stomach all day; sensation of coldness in the stomach; hurts the eyeballs to move them; slimy, nasty taste; arms and legs ache before he becomes chilly; chills flash over the shoulders; constipation; had a diarrhoea. Ars. every two hours.

If only a single remedy is given, Ars. is certainly the one. But it needs a spinal irritant, and without it the chills will be likely to return. The spinal symptoms even precede the chill, and the chill runs into the heat. There is muscular soreness about the eyeballs also, and yawning in the heat, both spinal symptoms, as is the "hurts to move." China and Ars., Rhus and Ars., and better still, Puls. and Ars., are the remedies.

Dec. 22, 3 P.M. Chill yesterday; none to-day, but had all day an intense throbbing headache; wants a wet sheet pack. Take it and Bell. every two hours.

Puls. and Ars. should be given. The headache is rheumatic.

Dec. 23, 12 M. No chill nor headache; some appetite; very weak; no heat. Cont. every three hours.

On the second or third day, or any day before the 19th, Ignat. and Ars., or Nux and Ars., would have cured without a second chill.

CASE 161.—Jan. 5, 1854, 2 P.M. Eliza McD., 3 $\frac{1}{2}$ . (1273.)

Reported as having chills and heat, and nausea and vomiting, and diarrhoea; stools watery, with pain in the abdomen; has over-eaten; the chills the last three days have come on in the evening. Puls. 4 every three hours.

Had the ague in October, and took only Ars. on the 9th. No more chills till the last of November, and on the 26th took only China, and no more chills. The interval is just seven weeks. Just about six weeks after it comes on again, and now the symptoms have been prematurely developed by over-eating, and Puls. is given. If Ars. had been given with it, it would have been better. The fault before was trusting a double neurosis to a single remedy.

CASE 162.—Jan. 14, 8.30 P.M. Arthur V., 34. (1287.) Thinks he has taken cold; pain in the bones; great heat; pain in the back and shoulders; chilly; breath foul; tongue slightly coated. Acon. and Merc. every hour.

If it was simply a common cold these medicines should cure, but malaria is at the bottom here, and they will not prevent a recurrence of the symptoms to-morrow. Puls. and Ars., or Nux and Ipecac., would cure here.

Jan. 15, 4 P.M. Chill at noon distinct, and heat with chills ever since; throat sore, and feels raw; sweat freely last night till 10 or 11 o'clock; stretching and yawning; chilly if he moves the bed-clothes; can't sit up; face red; urine very red and turbid. Ars. and Nux every two hours.

The prescription is finally correct. The next day had a chill, and had no more.

Jan. 17, 9 A.M. Better. No chill to-day. Sulph. and Nux every two hours.

Why Sulph. is given I can't say.

CASE 163.—Jan. 22, 9 A.M. John A., 30. (1295.) Typhoid fever. Taken day before yesterday; chilly and in pain all over; took cold, and was chilly all the time; very thirsty; no appetite; lame and sore in the joints; most in the right shoulder and knees; spine tender to pressure, and lame on motion; tongue has a thick, light, yellowish-brown coat, and is clean and dry in the middle, and towards the point; skin dry, but heat about natural; sweat a very little last night; headache; fetid breath, very; pulse small; pain in the back and neck, and through into the forehead; bad taste; nausea; constipation; red and blue

fleabite-looking spots all over the skin. Cold compresses to the spine, and Nux and Dulc. every two hours.

This case commenced like an intermittent in a rheumatic diathesis. There is disorder in the posterior spinal column, probably in part malarious, and in part rheumatic. Most of the symptoms are spinal, direct or reflex. The tongue and fetid breath indicate serious disorder, but the petechiae are seldom seen at so early a day. Jahr has forty medicines credited to this condition, among which we find Nux and Dulc. And ten where there is a rheumatic condition, and what is very singular all the ten are spinal irritants, except Ars., and that acts upon the spine. But Dulc. should be included under that head with the ten, as by his own showing it contains the very rheumatic and spinal symptoms recorded above. Besides, it is credited to chronic and acute rheumatism, and also when caused by changes of the weather. Nux and Dulc. are, no doubt, homœopathic here, but I think that generally Rhus, or Bry. and Ars. would be found to be better, for there is seldom constipation in such cases.

Jan. 23, 2 P.M. Is sitting up; pain in the head and through the back of the neck, which is lame; is some lame all over; tongue covered with a thick, white, slimy coat; no appetite; if he eats has a heavy weight in the stomach after it; one stool; slight hacking, which hurts at the pit of the stomach; noise hurts his head; hurts to move the eyes; the petechiae are purple and blue to-day. Cont.

Jan. 24, 3 P.M. Some appetite; slept well; eyeballs very heavy, and hurts to roll them; eyes a little sore, and have been some time; back some lame yet. Cont.

This man soon recovered, taking no other medicine, as was affirmed by the family. I saw him nearly every day for two weeks, having patients in the neighborhood. I anticipated a very serious case, and should certainly give Ars., and Bry., or Rhus now. The gums were not spongy, so it could not be scurvy, which would require the mineral acids, especially muriatic. It is probably what has since been called cerebro-spinal meningitis.

CASE 164.—Jan. 22, 2 P.M. Mrs. Albert H., 42. (1296.) Headache the last twenty-four hours; thinks she took cold; skin hot; great nausea; constant chilliness; pain in the back; sometimes has a crashing sensation, like crushing sugar or ice, at the root of the nose; pain is for the most part in the forehead, and makes her almost frantic; wishes she was dead; hopes she will die; feet were cold, but soaked them in hot water and they are warm; face flushed; pulse small and frequent; beating and throbbing in the forehead; when lying in

bed throws up her feet, and slings them about so as to completely expose her person, and rolls from side to side in agony; no stool in a week. Acon.<sup>6</sup> 1 drop.

Soon fell asleep and slept nearly an hour, and awoke with the pain as bad as ever, and with yawning, chilliness, and nausea. Tart. em. 6, 1 dose. Bell.<sup>6</sup> every half hour.

This woman has had the ague frequently, and is subject to hysteria. The symptoms are due to malaria, and mostly spinal direct or reflex. The crushing sensation is probably due to the bubbling of air through thick mucus in the upper nasal passages. The pulse indicates disorder of the vaso-motor system, as it is connected with greatly disturbed circulation, and the yawning is from disorder of the excito-motor system. Acon. seemed to help, but it is left in doubt. Bell. is somewhat better, but not much. Bell. does not allow the patient to fall asleep and then wake in agony. Its action is centric, and a positive hyperæmia or hyperæsthesia, and don't remit much, nor intermit at all. But change, and spasm and intermission are characteristic of Ignat., and it has all the essential symptoms, and is pathologically correct. Ignat. and Ars., or Puls. and Ipec. would relieve here much sooner. No other prescription is needed, and she was about her work in two days. Were there no malaria, and perhaps hysteria with it, Glonoine<sup>3</sup> should not be forgotten. Where these terrible head symptoms occur, Glonoine will sometimes do good service. But here Ignat. is specially indicated, when a modest woman throws her legs about like a yearling child, exposing her naked person without stint. Bell. has no such symptom, and this one is probably connected with ovarian irritation and reflex. If so, Puls. would have done good service alone, and Bell. would worry it out after awhile, as it did, perhaps.

CASE 165.—Jan. 22, 7 P.M. Eliza Jane V., 12. (1297.) Three days ago ate too much; was taken with pain in the abdomen, nausea, and vomiting, which lasted thirty-six hours, followed by heat and thirst, which continued till 9 A.M. to-day, when she had a slight sweat with hunger, and ate three crackers, after which had a chill, followed by great heat, headache, thirst, no appetite, and pain in the abdomen. About 6 P.M. was better, and sweat some about the edge of the hair on the forehead, and inside of the hands got moist; tongue slightly coated, and dry; skin too warm; pulse frequent; no pain; costive. Cham.<sup>6</sup> every two hours.

Here the malaria seems to have been located in the lower sympathetic, but was prematurely developed by over-eating; and the extension of the irritation to the upper sympathetic caused the heat, and finally a chill from reflex disorder of the spine, which in turn aggravated the sympathetic disorder, and the heat, with headache and thirst through the pneumogastric nerve, followed by partial

sweat. All these symptoms indicate simple functional disorder from reflex irritation, of small present significance, and yet each one is sharply defined. Cham. meets these conditions and seems to have cured, but such cures are little likely to be permanent. I would much rather trust Puls., or Ignat. and Ars.

CASE 166.—Jan. 24, 9 P.M. James D., 35. (1302.) Chills; hot flashes; headache; dizzy and blind; heavy dull feeling in the head; hungry; weak; cough dry, and worst in the morning; thirsty in the middle of the forenoon, but feels worst in the afternoon; soreness in the chest, and between the shoulders, and under the shoulder blades. Nux every two hours.

The symptoms here are all spinal. The hot flashes are reflex upon the upper sympathetic. The headache, cough, and gastric symptoms are reflex through the pneumogastric, and we need only a spinal irritant here. If the symptoms are not reflex spinal, or direct spinal, then a sympathetic irritant is needed. Had no more chills, and was about his work in a day or two. In July he died of cholera.

CASE 167.—Jan. 28. Mary S., 3. (1306.) Typhoid intermittent. See page 56, Introduction.

CASE 168.—Jan. 29, 7 P.M. Winslow L. N., 36. Taken suddenly this evening with a flash of heat all over, followed by shocks like from an electric machine; staggers when he walks; feels faint and dizzy; weak; no appetite; head feels full; all sorts of noises in the head; no chills; was cold for an instant once; took 10 globes. of Nux, and soon after was worse every way; has five or six shocks all over, in rapid succession, on the least motion; even rolling the eyeballs will bring them on. Nux<sup>30</sup> every two hours.

The malaria here is acting from the anterior spinal column, and its whole force seems expended on the excito-motor system, and the nerve vibrations are too rapid for the sensation of coldness, and the muscular contractions caused by them, which give the sensation of shocks, are too rapid or instantaneous to be appreciated. If they were longer, they would be called twitching of the muscles; if longer still, spasms; and still longer, tetanus. It is essentially one and the same thing; no difference only in degree. There is no electricity about it, nor is any new agency introduced, nor does this phenomenon go to prove that electricity is the, or even a normal, nerve force. In this case any motion at the periphery is instantly reflected upon the spine. Nux<sup>3</sup> seemed to aggravate. Nux<sup>30</sup> relieved, and after a few hours had no more of it. No proven drug has the exact symptom except, perhaps, Arnica, but many have something like it.

CASE 169.—Feb. 6, 3 P.M. Eliza V., 16. (1318.) Took cold; no appetite; chilly almost all the time, with hot skin; some cough; throat sore on the right side, under the jaw; did hurt to swallow, but don't now; pain all over; cold feet; pain in the back, forehead, and shoulders; very lame; nausea. Bry. and Dulc. every two hours.

This case might pass for a common cold, but the catarrhal symptoms are scarcely important enough and the gastric quite too prominent. The glandular irritation indicates Merc., but Dulc., no doubt, is quite sufficient. Then there are no physical signs of disorder of the lungs whatever, and the cough must be reflex spinal; the heat itself is most likely reflex, and the pain all over and cold feet indicate disorder of the posterior spinal column. Puls. would be better than Bry. here, and so would Nux. No farther medicine is required.

CASE 170.—Feb. 11, 2 P.M. Hezekiah C. S., 41. (1329.) Taken an hour ago with horrible pain over the left eye, and all about it; some heat; chilliness and heat after lying a short time on the bed; pain is steady and sharp, with general soreness and throbbing all about the eye; eye is very sore. Bell. every half hour.

The sudden accession of the pain, the severity, the somewhat unusual location, the heat, and the heat with chilliness, mark this as one of the vagaries of malaria. The suddenness of the attack, without apparent cause, indicates that it is reflex, and the predominant heat points to the upper sympathetic as the seat of the disorder, and we require a cerebro-sympathetic irritant only. But two of these need be noticed, Ars. and Bell. Pathogenetically Ars. has the advantage as to the sides of the head, but there are no gastric symptoms and the onset was too sudden, without any previous disorder, for that drug. Pathologically Bell. has the advantage, as it acts specially on the cervico-sympathetic system, and it acts promptly and suddenly. Was relieved by Bell. at once.

CASE 171.—Feb. 17, 1.30 P.M. Mrs. Hezekiah C. S., 36. (1334.) Chill an hour this morning without thirst; pain in the head, limbs, and back; nausea; distress in the stomach; after the chill vomited, and is very thirsty; pain in the head and limbs; sweat; no appetite; feet cold. Veratr. and Rhus every three hours.

The symptoms are purely spinal, and two spinal irritants are given; and what is somewhat singular, neither are really homœopathic. The symptoms indicate disorder of the posterior column, and the gastric symptoms are probably reflex, though it is possible that the solar plexus may be the source of the distress in the stomach and nausea. The gastric symptoms following the chill are in place

of the heat. Nux ought to cure here, and so should Ignat. But Puls. is the remedy.

Feb. 21, 1 P.M. Chill last night at 10, with delirium, headache, and backache, with nausea, and after the chill sweat; no heat; no appetite, and pain in the head to-day; has flowed more or less for two months, ever since her child was born, three months ago. Bry.<sup>6</sup> every two hours.

Why Bry.? Puls.<sup>20</sup> is the remedy. I ought to have known at first that she had been flowing. The head and backache and nausea are now in place of the chill. Rhus and Veratr. have done nothing.

Feb. 22, 12.30 P.M. Pain in the right side of the chest and in the shoulder, catching, during inspiration; had it six weeks; soreness on motion, and hurts to turn over. Chin.<sup>6</sup>, Bry.<sup>6</sup>, every two hours.

This is somewhat better, but Puls. is still the remedy; China might be given with it to advantage, on account of the long-continued drain upon the organism; there is also a rheumatic diathesis to contend with, which China answers very well to. Puls. is as homœopathic to catching pains in the chest, in a rheumatic diathesis, as Bry., and more so in agues.

Feb. 27, 11 A.M. No chills; some headache; flows some; pain and soreness in the right side, at the edge of the ribs, just above the hip; hurts to breathe or move, or press on it, and is sore to the outside; costive; not much appetite. Chin. and Puls. every three hours.

And at last the right medicines are given, and there is no more complaint. The soreness shifting from the chest to the abdomen determines its rheumatic character.

CASE 172.—Feb. 18, 12 M. Mary B., 25. (1337.) Has had the ague occasionally for eight or ten years. Black hair and dark complexion; dark around the eyes. Had the ague last summer, and suppressed it with thirty grains of Quinine in two doses; had another attack in October after; in the chill, wanted to sit by the stove, and had headache; in the heat the head was worse and had to lie down; no thirst nor sweat; chill commenced at 8 A.M. and got later and later, when she took Quinine and it stopped.

Now the chill comes on at all hours; at 5 P.M. yesterday; in

the chill, hands and feet are very cold, and feel stiff, as if swollen, with aching pain; has pains all over and thirst, which commences even before the chill; feels much better when sitting by the stove; pain in the epigastrium; in the heat, some thirst; headache, but less pain in the epigastrium; nausea; don't care to lie down after the heat comes on; after the heat had another chill, without thirst, followed by heat and night sweat, when in bed; cold this morning, but no heat; takes cold easily; drinks a great deal of water the evenings before the chill and also during the chill; was not thirsty at all before she took so much Quinine; sleeps in the heat; was not sleepy last night, but the eyelids would shut and she couldn't keep them open; has sweat in the heat sometimes every day, and then only every second or third day; has a swelling in the epigastric region since she received a blow there, five years ago; formerly it would occasionally disappear for some time; two years ago it reappeared, after a long interval, when she was having the ague, and has been there ever since; the menses have not appeared in five months; feet are cold in the heat; shakes on the least exposure to cold air; chill seems only outside, and is relieved by external warmth, and is shortened by going to bed. Puls.<sup>6</sup> every two hours.

Feb. 21, 11 A.M. Chill at 9 A.M. yesterday; seemed to be all outside, and had thirst with headache; lasted three-quarters of an hour; no heat nor sweat; felt as well as usual and was very hungry at noon; at 5 P.M. the chill came on again, with thirst and headache and sensation of tightness; a stricture across the epigastrium, as if the clothes were drawn too tight; hands, and arms to the elbows, ached so she had to lay aside her sewing; lasted three hours; hands were red and fingers blue; then the heat came on, and she was drowsy and soon fell asleep; couldn't keep her eyes open; great thirst; was dizzy, and the headache worse, in the heat; after the heat sweat profusely. Arnica and Puls.<sup>6</sup> every two hours.

Feb. 25, 11 A.M. No more chills nor heat; better every way. Cont. every four hours.

When this woman, who is subject to ague, had it last summer, the spinal symptoms were predominant. Took thirty grains of Quinine during one paroxysm. In October it returned with the same symptoms, and repeated the Quinine, and now she has it again, but the paroxysms are very irregular, at all hours of the

day. Friday it was 5 P.M., but had a chill in the morning and some heat all day. The symptoms appear to be spinal, direct or reflex, and very many of them are Quinine symptoms. The posterior spinal column is most disordered, hence the chilliness on the least exposure, the feeling as if the hands were swollen, and the redness of the skin. Puls.<sup>3</sup> and Puls.<sup>20</sup> every two hours is the remedy. Saturday had a cold spell in the morning, but no heat after. Monday morning had a chill, but no heat or sweat, and then again at 5 P.M., with very many of the old symptoms, and one, at least, new; "sensation of stricture across the epigastrium," a reflex spinal symptom. I think that Puls. is not sufficient here, and that if Ignat. or Nux had been given with it more would have been done. Arnica is now added. It is uncertain what the tumor is, but it seems to have been caused by a blow, and some of the symptoms may belong to it. If so, Arnica is eminently proper. It is also said to antidote Quinine. Six days after, there had been no more chills nor heat and she thought herself about well. If a higher or lower attenuation of Puls. had been given at first, I imagine the result would have been more favorable; still, I apprehend that Arnica had a place there, as the tumor seems to be connected with the malarious disorder.

CASE 173.—Feb. 21, 1.30 P.M. Webster S., 6. (1345.) Chill at 4 yesterday morning, with cold feet and hands; day before yesterday had diarrhoea, with pain in the abdomen, which continued all night; in the heat, great thirst and headache; heat lasted three hours, and sweat after all day; some appetite today and headache; no heat nor chill. Chin.<sup>6</sup> every two hours.

Here the chill and heat are about equally divided, but there are no new symptoms in the heat; all the symptoms are before or in the chill. China seems to have cured; but a single medicine seldom really cures such a case. However, he had no more for a year and a half. If China alone will cure any case, it is one like this.

CASE 174.—Feb. 27, 5 P.M. Emma S., 2 $\frac{1}{2}$ . (1359.) Abdomen has been bloated; appetite poor and great thirst; wants to lie on the abdomen all the time; didn't sleep well last night; at bedtime, had a chill with headache, blue nails, cold hands, and thirst; lasted half an hour, and then heat came on, and still continues; less thirst; no appetite; headache; no sweat; abdomen bloated, very full and hard, and sore all over; chill this afternoon and some thirst; moderate heat after; constipation. Carb. veg. every two hours.

This girl had an attack of ague about a year ago (Case 79), and again last November (Case 147), and meantime had two or three attacks of bowel complaint, and no doubt malaria is the prime mover in this disorder. The abdomen has always been bloated, and she has been in the habit of lying on it, and seems to feel best when she does. The abdomen is very large, and full and round like a

large tumor, and very firm and elastic to the feel, but sore on pressure, unless it is firmly made over the whole at once. There is no diarrhoea now, though she has had frequent attacks of it since she was two months old. I am not able to say what the swelling is, as she won't allow percussion. Carb. veg. is given, on the assumption that it is gaseous, and also because it antidotes the symptoms of Merc. and Quinine, and she took considerable Calomel and Quinine before she was a year old.

She had no more chills, and a week after was as well as usual, when she had an attack of bronchitis, and the same position was assumed during the attack, to wit, lying on the face and knees. What Carb. veg. had to do with the cure is quite uncertain, but its pathogenesis has the abdominal symptoms. The most of the symptoms may have been medicinal, and removed by Carb. veg., while the malaria remained in the organism too weak to cause a chill; for, something more than a week after, she took cold and had an attack of bronchitis, which was ushered in by a distinct chill, followed by heat and sweat after.

**CASE 175.—March 5, 11 A.M.** Mortimer P., 18. (1367.) Has been sick a week. Chills and heat and sweat, all together; sweat only on the body; nausea at times; vomiting in the heat; slight chilliness to-day; some pain in the bowels; diarrhoea; soreness of the abdomen, above the navel and at the pit of the stomach; some heat; took some of Frost's pills; pulse bounding; heart beats strongly, and the pulsations may be felt down to the umbilicus; constant nausea; stools watery and dark brown, and six or eight copious ones a day; griping before stool; most heat in the afternoon, and feels worse then; chilly on the least exposure, but too warm when covered; tongue broad, thick, and moist, and covered with a thick yellow coat; thumping in the stomach, left side, as if struck; clogging, heavy sensation of pressure in the stomach; very thirsty, but cold drink distresses the stomach. Merc. and China every one to two hours.

Puls. and Ars.<sup>20</sup> or China and Ars.<sup>20</sup> are the remedies; Merc. seldom answers well in this form of fever.

**March 6, 10 A.M.** Feels better, but is not, as the tongue is dry and the stools same as yesterday, but more frequent; skin moist. Cont.

Should be Puls. and Ars.<sup>20</sup>.

**March 7, 10 A.M.** Some heat this morning, with slight chilliness after putting on a cold, wet body bandage; thirst in the heat; mouth gets very dry and has to wet it; tongue coated yet; ate some crackers and gruel this morning, and they tasted

well; has had seven or eight dark-brown, watery stools, with griping before; feels very weak; vomiting of green bile; tenderness of the epigastrium. Merc. and Ars. every two hours.

Should be Puls. and Ars.<sup>20</sup> every two hours, and Ars.<sup>20</sup> 6 glob. after each stool.

8 P.M. All the abdomen above the umbilicus is sore and bloated; tympanitic; some nausea on rising; griping just before stool; some heat at times, but very irregular; tongue and skin moist. Merc. and Cham. every hour.

This change is for the worse. China is better than Cham., which has no place here. The body bandage cooled him down too fast; was not ordered. Should have Puls. and Ars.<sup>20</sup>.

March 8, 10 A.M. Three stools; tongue broad and thick, and has a dirty look; is fissured; sleepy; pulse 100; abdomen less sore, but rather full; left shoulder lame; respiration 20. Cont.

4 P.M. Breath fetid; lips rather dry; tongue dry; respiration 20; a little heat; some griping; milk porridge tastes good; stools yellow and watery, with white bits, like strings or twine cut short and stirred in. Rhus. and Phos. ac.<sup>3</sup> every hour.

The tongue is looking worse; the pulse and respiration do not agree; the breath is getting bad, indicating rapid waste of tissue, and so do the stools. Bry. and Ars.<sup>20</sup> are the remedies, and also Ars.<sup>20</sup> 6 after each stool.

March 9, 10 A.M. Diarrhoea the same; abdomen has a doughy feel; skin moist; face red; three stools this morning; griping; mouth very dry in the night; sensation of dryness this morning, but it is moist; gums and inside of the mouth very red, with a mercurial smell; tongue red and covered with a dirty-yellow coat, which seems to be slipping off in patches; sleepy; has been salivated. Rhus and Nit. ac.<sup>3</sup> every hour.

The doughy feel is merely a sort of oedematous condition of the parietes of the abdomen, and sometimes of the mesentery and omentum. It indicates lessened vitality, and so of the patches on the tongue and moist skin. They are bad symptoms. Rhus and Nit. ac. will do very well, as the Merc. he has taken may have aroused the old mercurial irritation, incredible as it may seem. Still we can hardly spare Ars.; and I would give, besides, Ars.<sup>20</sup> 6 after each stool.

4 P.M. Only one stool; had an enema of cold water; rather drowsy; some griping; occasionally a little wild on waking;

skin inclined to be a little moist; tongue dry and moist by turns; nausea and retching; has some tenesmus, and been up several times without a stool. Em. t. 5 glob., and cont. Rhus and Nit. ac.<sup>3</sup>.

The cold water enema is very objectionable when the skin is moist, the tongue alternately dry and moist, and a doughy feel to the abdomen, and respiration 20; all indicating too low a temperature already and no need of cooling off, as the enema is sure to do, and thus, as a local anæsthetic, suspends both glandular and muscular function in the rectum, so that there is no stool. Cerebral symptoms generally follow. Bry. and Nit. ac.<sup>3</sup> would do; Bry. and Ars.<sup>20</sup> are better.

March 10, 10 A.M. Slept very well; mouth sore; tongue fissured and cracked, and nearly clean; lips dry; black sordes on the tongue, teeth, and lips; took only one dose of the Em. tart. and had no more nausea; one yellow stool at midnight; none since; rather stupid. Rhus and Bry. every hour and a half.

Is gradually getting worse. Emet. tart. stopped the nausea, but it could do no more. Bry. and Ars.<sup>20</sup> should be given every three hours.

7 P.M. No change; no nausea; stools less frequent; some deafness; slight headache; tongue very dry and black; no heat. Cont.

March 11, 9 A.M. Tongue black and dry, and black sordes on the teeth; lips dry and covered with brownish scabs; some pain in the abdomen; inclined to sleep; two stools. Cont.

11 P.M. Considerable thirst this evening; pulse 104; skin too warm, for the first time since the 7th; tongue cleaner; eyes clearer and brighter; three yellow stools to-day; has asked for something to eat. Cont.

March 12, 10 A.M. Pulse 96; skin cool; respiration nearly natural; tongue less cracked; sleeps a good deal; one greenish-yellow stool this morning; some appetite. Cont.

3 P.M. Five watery, yellowish-brown stools, very fetid; has eaten some; hoarse; voice quite weak; urine free and yellow; some heat; pulse 100. Ars. and Bry. every hour and a half.

Rhus and Bry. have been given too often. I think that the diarrhoea is, in part, at least, a mercurial symptom, and that Nit. ac. has done more for it than anything else; and I would give Bry. and Nit. ac. now. If Bry. and Ars. are given, Ars.<sup>20</sup> 6 should be given after each stool.

March 13, 10 A.M. One large watery, yellow, flocculent, fetid stool; tongue thick, dry, and blackish on the top. Phos. ac. and Bry. every hour.

Phos. ac. is certainly homeopathic to this kind of stool, but Ars. should not be set aside for a single symptom.

3 P.M. Seems better; some appetite; asked for an apple; sat up some time. Cont.

9 P.M. More heat; seems in distress; nausea and vomiting; frequent deep inspirations; burning in the stomach, and anguish; pain in the left shoulder; tongue moister; wants a wet body bandage on; to be tepid water. Ars. 6 every two hours.

These seem to be mercurial symptoms, and the stomach and tongue are being denuded of epithelium. Ars.<sup>20</sup> and Nit. ac.<sup>3</sup> every two hours should be given.

March 14, 10 A.M. Four yellow, watery stools; restless all night; quiet to-day; dark brown coat on the tongue; abdomen rather firm to the feel, but somewhat tender to pressure. Em. tart. every three hours.

The bandage did not quiet him, and the Ars. had not time to do so before morning, and now when he is quiet the medicine is changed again, for which there is no good reason.

8 P.M. Two stools to-day; has been very quiet; tongue black on the top; abdomen sore and hard; pulse 106; skin less dry. Ars. every two hours.

It is certainly childish to change so often.

March 15, 9 A.M. Pulse 114; respiration easy; skin warm; sleeps; stools watery, and yellow; lips, teeth, and tongue black, and tongue cracked. Rhus<sup>4</sup>, Phos. ac.<sup>3</sup> 1 drop every two hours.

Is getting worse and will die, unless some medicines are adhered to. If Bry. and Ars.<sup>20</sup>, or Bry. and Rhus, or even Bry. and Phos. ac.<sup>3</sup> were given right along every three or four hours, he might get well yet.

6 P.M. Some heat; only two stools to-day; they want to pack him; allowed them to sprinkle water over him, and wipe dry, and rub thoroughly.

11 P.M. Was a little chilled by the water, and has some heat since; tongue black, and dry, and cracked. Cont.

Water applied almost any way is almost sure to cause a chill.

March 16, 9 A.M. More heat through the night; tongue dry, and cracked on the top, and blackish; two stools this morning; respiration easy; pulse 100. Cont.

March 17, 10 A.M. Several small stools; they have been giving starch enemas; abdomen softer; pulse 112; respiration 31; tongue black on the top; some pain at the left end of the stomach; skin cool; vomiting from the sordes on the teeth getting loose and dropping in his throat. Calc. and Bell. 6 every two hours.

And here is another change, and neither medicine can do anything here. Ars.<sup>20</sup> and Bry. might do yet.

6 P.M. Same. Cont.

March 18, 8 A.M. Tongue cracked in deep fissures, which are filled with a pus-like matter, dark brown, and bleeding; eyeballs swimming in a white pus-like fluid, but not as red as they have been; one stool since 12 M.; better looking; respiration good; pulse 98. Cont.

This condition of the eyes is a very bad symptom. Ars.<sup>20</sup> and Mur. ac.<sup>3</sup> every two hours, or Ars.<sup>20</sup> and Nit. ac. might be given.

7 P.M. Hacking cough; some undigested matter in the stools. Rhus and Phos. ac.<sup>1</sup> 1 drop every two hours.

March 19, 9 A.M. Lips and tongue black, scabby, and dry; respiration easy; pulse 113; skin warm; bowels same. Chin. every two hours.

Chin. was very foolishly given to meet the single symptom, "undigested stool." The hacking cough foreshadows structural disease of the lungs. China may help the bowels for a little, but nothing more.

6.45 P.M. Three or four small papescient brown stools; dry cough, and no expectoration. China and Bry. every two hours.

March 20, 9 A.M. Improving every way. Cont.

7 P.M. Some heat, and dry cough, and sometimes a little expectoration; lips and tongue dry, and black; has eaten considerable gruel, and says it tastes good. Rhus and Bry. every two hours.

If any change is made it should not be this last, nor China and Bry. China or Bry. and Ars.<sup>20</sup>, or Phos.<sup>1/4</sup> and Nit. ac.<sup>3</sup> would do.

March 21, 8 A.M. More diarrhoea, and some heat. China every two hours.

6.30 P.M. Some cough; seems better; has a stool every time he passes urine. Rhus and Phos. every two hours.

Puls. and Sulph. have the last symptom, but it has no special value. It merely indicates a loss of control of the sphincter muscles. Ars.<sup>30</sup> and Nit. ac. are the medicines.

March 22, 10 A.M. Breath very offensive; has been bad enough before; pulse 108; two or three stools; skin dry; lips and tongue cracked; tongue black. China every two hours.

7.30 P.M. Pulse 90; lips and tongue the same; picks his nose and makes it bleed, and can't be restrained; some heat; three or four dark stools. Rhus and Phos.

March 23, 7.30 A.M. One thin brown stool this morning; some heat; pulse 96; bowels feel well; lips black; tongue black, and cracked. Calc. and Bell. every two hours.

March 24, 7 A.M. Pulse 88; respiration good; very slight pain in the abdomen; four thin, watery, brown stools; occasional heat; skin now cool; eyes filled with a pus-like matter, and conjunctiva red. Ars. every two hours.

It is useless to attempt to follow the many and inexcusable changes of the medicines. No one has a chance to act. With the exception of the eye symptoms, there is nothing serious here.

March 25, 7.30 A.M. Bowels better; passed urine twice yesterday without stools; urine red, and no sediment, which is a bad sign at this stage, according to Rapau; mouth better; pulse 92. Cont.

March 26, 8 A.M. Is greatly emaciated; abdomen is natural to the feel and in appearance, and the two stools in the last twenty-four hours are better; tongue looks better. Sulph. every four hours.

In course of the day was notified that I need not come any more; that Dr. —, a botanic or root doctor "was going to treat him." He promised to "have him tending store in a week," and he was buried six days after. He gave "composition," "hot drops," brandy, and beef-tea, and broths, and had him rubbed with brandy till he got the heat up, and then he couldn't get it down again. There was muttering delirium, stupor, great heat after the first day, and then he ran rapidly to the end. Several years after I learned that the treatment was tampered with from first to last. That he had Morphine, Spirits of Nitre, and beef-steak, and brandy, &c., at various times, and two or three times or

more a Seidlitz Powder. But, of course, the times could not be compared with the dates of the record. There was no evidence in this case of ulceration of any glands in the intestines, or disorder of the spleen, or structural disease of the lungs. He would probably have recovered if let alone when I left him. He would most certainly have recovered if the treatment had not been disturbed: had he taken nothing but Bry. and Rhus, or Bry. and Ars., and might if he had taken nothing but food and drink. What Baptisia would do in this case I can't say, for nothing was known of it then, and, of course, it was not tried. It seems a very promising remedy. This boy was murdered.

CASE 176.—March 5, 9 P.M. Mrs. A. T. P., 41. (1368.) Had chills the last three weeks—afternoon and evening; irregular heat and sweat; menses day before yesterday, and had a good deal of pain in the uterus since; at 10 A.M. to-day had a chill three-quarters of an hour long, with thirst and headache; pain in the back; fingers blue; not very cold, but shook; in the heat, pain in the abdomen, back, and head, with thirst and dry mouth; hot flashes all over, with anguish; slight sweat at dark, and had a slight chill from putting a cold, wet cloth on her forehead; thirsty now, and sweats; stomach feels pressed; has been trying to vomit; tongue red, and dry in the middle, and on the edges, and pointed; thick brown coat over the rest of it; drinks but little at a time; lips dry, and scabby; no appetite; burning in the stomach; taken Acon. and Bell. Ars. every hour.

Should be Nux and Ars. The symptoms are predominantly spinal, and Ars. will not answer. Nux and Puls. are better, perhaps, than the others.

March 6, 12 M. Menses are like the lochia after parturition—part colorless, and part black; chilly this morning; thinks it possible she may be pregnant; tongue coated more; headache; face red, and bloated; light hurts the eyes. Bell. and Puls. every two hours.

This woman lived a long time in Michigan, and had the ague a great deal, and knowing this, and not knowing what I should have known, all about the menstrual function, it was taken for granted that all the symptoms were malarious, while it is evident that the lip, and tongue, and gastric and back symptoms are not. The colorless and bloody discharges indicate an abortion. Erechtites<sup>2</sup>, Arnica<sup>18</sup>, Ipec.<sup>3</sup>, Bell.<sup>18</sup>, Puls.<sup>20</sup> may be thought of, but the first is rather for passive post-partum hemorrhage; Arnica and Ipec. for flow of fresh blood or active hemorrhage; and only Bell. and Puls. are left. But the malarious symptoms are more important than the hemorrhage, and Bell. is not sufficient when the spinal symptoms are so prominent. Nux, or Ignat. and Puls.<sup>20</sup> should be given

every hour. There is little chance, however, of preventing abortion after discharges of grumous blood, and none whatever if the chill recurs.

March 7, 8.30 A.M. Had a chill at 4 P.M. yesterday, and shook hard an hour; had pain in the head, and bones ache after, and immediately sweat, without any heat; pain in the head now, at 9 A.M., and a slight chill, both confined to the left side; thirst; no appetite; tongue has a dirty-yellow coat; sweat profusely at midnight, and had some appetite and one stool; pale; heat natural, but feet cold; pain through the whole head, and in the right leg; feels bad all over; took no Puls.; thought she didn't need it; tongue dry. Puls. every two hours.

4 P.M. Chill continued, and before noon aborted twins at two months, and heat has been on ever since.

Here the spinal disorder became excito-motor, and was determined upon the uterine muscles, and the heat followed as if there had been no such accident. She had a slight chill several days after in the night, and next day in the left arm again, and had no more. This is the first case recorded by me of a left-sided ague, and I have not heard of another. But it needs no farther evidence of the nervous character of agues.

CASE 177.—March 14, 10 A.M. George B., 3½. (1379.) Has nose-bleed every few days; night before last had a chill; and night before, at the same time, heat without chill; and last night had a great deal of heat again; took cold, and there is rattling of mucus in the lungs; some heat to-day; most in the abdomen and chest; sweat last night; good appetite yesterday, and bowels were loose; is worse every night; wakes, and seems frightened; trembles and shakes; talks and grates his teeth in his sleep; hands hot and dry; some thirst last night. Puls. 4 every three hours.

Here we have the singular anomaly of a nightly paroxysm, with a chill and slight heat one night, and heat without perceptible chill the next. There is a bronchial affection, probably from taking cold. The nose-bleed, the hot, dry hands, the bronchial disorder, the nightly paroxysm, the lack of thirst and cerebral symptoms, all indicate Puls.

CASE 178.—March 20, 8 A.M. John W. R., 47. (1385.) Pain in the head three months; in the forehead; nausea; excitement makes him feel better; good appetite; occasional chills, mostly in the morning; some heat and sweat after. Bry. 6 every three hours.

There was no other prescription needed.

CASE 179.—March 21, 3 P.M. Benj. T., 50. (1890.) Typhoid intermittent. Taken yesterday, at 3 A.M., with pain and distress all over, and diarrhoea; then had a pain in the head, with soreness of the scalp; stools watery, and look like thin gruel; stretched and yawned, and seemed in misery; cold all day yesterday; chilly this morning; no appetite; skin dry; thirsty, but drinks only a little at a time; lame all over; tongue red and dryish; mouth feels dry; pain in the forehead; griping; abdomen sore. Arnica and Ars. every hour.

Here the malaria first acts from the posterior spinal column; hence the great distress, followed by stretching and yawning, as the disorder extends to the excito-motor system, and then follows the sympathetic disorder; hence the watery stools, griping, &c. Puls. and Ars. are the remedies; Rhus is better than Arnica.

March 22, 7 A.M. Much less soreness generally, but the abdomen is some sore yet; no chill; skin dry; no thirst; no heat; stools frequent, reddish-yellow or dark green, and involuntary, in his sleep; dry cough; no appetite; slight griping; pain in the back. Ars. and Rhus every hour.

8 P.M. Somewhat better. Cont.

March 23, 10.30 A.M. No stool since in the night; some heat; no pain. Cont.

March 25. As well as usual, only weak.

Rhus did good service here as a lower spinal irritant and reflex sympathetic. It is the only medicine that has credited to it, "stools involuntary in the night," i. e., during sleep. The dry cough being only a reflex spinal symptom, disappeared with the rest.

CASE 180.—March 22. Viola S., 5. (1891.) See page 53, Introduction.

CASE 181.—March 23, 11 A.M. Anna M., 10. (1896.) German. Had a sore throat three weeks ago, and has had a cough ever since; was dry, but is loose now, only since morning; has vomited her food after coughing; some expectoration; some headache, with heat and cold feet; lips red; chilly, with hot skin. Puls. every two hours.

March 24, 9 A.M. Has been chilly all day; sits by the stove all the time; ate some breakfast; vomited in the night, and again this morning; less cough; feels better than yesterday. Cont.

March 27, 6 P.M. Chilly from morning till noon; heat since, but not much; sits up; thirst in the chill; hunger after the chill; vomits after coughing; not much cough last night; no sweat. Puls.<sup>20</sup> Caps.<sup>6</sup> every two hours.

March 28, 7 P.M. Heat about 1 P.M. general, with very hot head, but no headache; cold feet; has a coughing spell every half hour to one hour, and vomits after, and also immediately after eating; cough is very hoarse, and during the fit she turns very red in the face. Ipecac. and Nux every two hours.

This case is something like 180, only the cough seems to have commenced from some local irritation of the throat, and is loose to-day for the first time. How long the malaria has been incubating is quite uncertain, but now it is being developed from the sympathetic system, and the chills are mainly reflex. Puls. is undoubtedly the remedy here, if a single one is trusted; but Nux should have been given with it. Nux and Ipecac. would do well, and should certainly have been given the next day. Three days after was not much improved, and had Puls.<sup>20</sup> and Caps. Cina would be a better prescription, with Nux or Puls., as it is a reflex cerebro-sympathetic irritant, with "hunger in the heat," and "vomiting after coughing," both reflex symptoms.

Next day is worse, and Nux and Ipecac. are given. Nux and Puls., Nux and Cina, or Nux and Ipecac., would have cured this case in three days, cough and all.

CASE 182.—March 25, 4 P.M. Ira S., 1. (1404.) Loose, harsh, rattling cough; for some time has had cold hands, and acted as if chilly towards night, and about sundown would be hot, when the cough, which was aggravated in the chill, would be better; vomits before and during his coughing spells; pale, and nose runs; thirsty; has two sisters in the same way, but not as bad. Acon. during the heat, and Ars. 2 every two hours.

March 27, 9 A.M. Same; seemed well in the daytime, but there is heat and cough and vomiting in the night; nose runs. Puls. every two hours.

This might pass for bronchitis, but every evening has a chill, with aggravation of the cough, and vomiting, and thirst, regularly followed by heat at 6 P.M., with thirst, and vomiting, and less cough, and no cough in the daytime; so it is evidently a reflex spinal symptom gradually subsiding during the existence of the sympathetic disorder. All the symptoms belong to the spinal system. The cough will cease as soon as the malarious spinal disorder is removed. Puls. is the remedy, but Nux should be alternated to make a good cure. Ars. did nothing. Puls. cured at once. Nux and Ipec., or Ars. would generally cure.

CASE 183.—March 25, 10.30 P.M. Mrs. Wm. C., 26. (1405.) Chilly at times, with coldness and numbness of the hands and

feet, as if asleep; leg numb; no appetite; had some heat five days ago, and great pressure at the lungs, with throbbing in the head; took Acon.; has been travelling; coughed a good deal, but the cough was loose, with nausea; sore aching, and distress at the pit of the stomach; tongue was coated yellow; one loose, bilious stool yesterday; slight pain in the head; takes cold easily; sensation as if the wind was blowing upon her, but the skin is moist and warm; face red; sensation of a heavy weight in the stomach, and weakness, with some soreness; subject to sore throat and a cough; dry cough this evening; abdomen sore; hurts in the right iliac region to cough; sensation of a hard lump in the throat, above and below the throat pit; has a bronchocele as large as the half of a hen's egg; expectoration white, or yellowish-white, and frothy; has been salivated; tonsils at times are inflamed and ulcerated, with a raw, smarting feeling; trembles all over to-day, and is very drowsy; sensation as of wind blowing upon a small spot on the small of the back.

Sensation now of dryness of the mouth, followed by slippery, slimy taste, while she is speaking; has taken China and Bry.; has sometimes, and, indeed, often during the last five months, felt as if there was a hole in her clothes, and the wind was blowing through it upon her back; it is generally over the spine and between the shoulders; sensation of tightness in the left arm, as if she had been lying on it; sensation when lying on the back as if she was being stretched—extended—lengthened out, and has to draw up her legs to get relief; not much thirst; troubled with bad dreams; had two abortions in one year. Puls. every three hours.

For months the malaria has been quietly and insidiously burrowing in the spine, and chiefly the posterior column; hence the chilliness, and numbness, and moist skin, and sensation of wind blowing on the back, and the chest symptoms, and sensation of tightness, and being stretched, and lately the heat, and gastric, and sympathetic, and brain symptoms, through the sympathetic and pneumogastric. Besides, she has bronchocele, is subject to coughs, predisposed to phthisis, and has been salivated once, aborted several times, and been bedevilled generally. We need not expect to find medicine that will match this incongruous medley of symptoms. We premise, however, that we must have a spinal irritant, as the symptoms are largely spinal; and Nux meets more of the symptoms than any drug, except Puls., and that is not sufficient alone; nor is Nux, for that matter. Puls., and Rhus, and Causticum have the symptom of "partial chilli-

ness," which has been so persistent, and Puls. and Rhus most of the others. Puls. and Nux should be given.

March 26, 6.30 P.M. Felt much better this morning; some heat, with anguish this afternoon; itching of a small spot on the inside of the foot; felt this afternoon as if she must get in bed and be covered up; was sitting up at the time, and thinks she felt chilly; feet, hands, and knees were slightly cold; weakness and aching across the lower part of the chest and epigastrium; wind in the stomach and bowels; one natural stool. Rhus every three hours.

Appeared better this morning, but had a chill to-day, and Rhus is given without any reason, unless for the slight itching of the foot. But so slight a symptom should never induce one to change a well-selected remedy. Should be Nux and Puls.

March 27, 7 P.M. Feet and leg cold from 12 M. to 3 P.M.; some heat after; seems as if the wind was blowing on various parts of the body; tensive, strained, drawing sensation in the occipital region; sensation of tightness in the throat, as if a band was around the neck, with sensation of choking; some pain in the stomach; some perspiration; slight headache; face red; some cough; free expectoration; has sneezed; no thirst. Cont.

The symptoms almost all belong to the upper spinal system, and Rhus has little to do with the case. Bell would be much better, or Ignat. Nux and Puls. are the remedies, both having the choking and drawing sensations.

March 28, 8 A.M. Slept very well, except for two or three paroxysms of cough; cough hurts in the abdomen as if it was sprained; heat is natural most all the time; rather cool before daylight; good appetite; ate breakfast; slight headache; skin now moist; cough rather dry, but raised freely this morning; tickling in the throat; back and legs ached this morning. Cont. Rhus.

8 P.M. Chill came on at 2 P.M., with heat, soon followed by sweat, and then had all three together, with sensation of great prostration; weak feeling in the chest, with aching, and a strange sensation of flatness, as if she was being flattened together; sensation in the paroxysm as if very heavy, and as if the abdomen and chest were being pressed flat against the spine; had to sit up to get her breath. Nux every two hours.

Seemed better in the forenoon, except the cough. The paroxysm came back to-day as usual, and with it the rare symptoms of sensation of thinness and heaviness. Nux and Rhus have the symptoms, which are excito-motor, spinal. Nux and Puls. will do most yet.

March 29, 9 A.M. Feet got cold last night at 12.30, when asleep; at least she awoke at that time, and her legs were cold, and felt exactly as if the air was blowing under the clothes somewhere on them; oppression of the chest; skin warm, and profuse perspiration; weak sensation of flatness in the chest; choking sensation in the whole chest and throat; soreness in the abdomen; cough was dry in the night and no expectoration; this morning it is yellow, and thick; this forenoon some chilliness, and cold toes, and oppression, with aching in the chest; right eyelids felt stiff, and were swollen; eyeballs sore; stitches through the chest; pain in the legs, shoulders, &c.; musty, sour, nasty-smelling sweat; mouth dry; lips red; tongue red, and white coat in the centre. Rhus and Bry. every two hours.

Chill again, but in the night, and not as bad. There is no reason for giving Bry. instead of Nux; and Rhus has had a fair trial. I suppose the red tongue and stitches in the chest led to Bry. Still Puls. is quite as homœopathic to the last, and Nux to the first, as there is a white coat in the middle, while the Bry. tongue is red in the middle and clean, or has a brown coat. Nux and Puls. are the remedies.

March 30, 10 A.M. No chill; some moisture on the skin; rested well; dreams are pleasant, and not wearisome as before; ate with good appetite this morning; occasional shooting pains in the chest; face red; had a pain for an hour in the ileo-cæcal region. Cont.

7 P.M. No chill; sensation occasionally all the afternoon, as if cold streaks of air were blowing on the chest; some appetite. Sulph., 6 glob., and cont. as before.

Is certainly better, and yet the symptom for which Bry. was, no doubt, given, remains. There is a pain to-day in the left iliac region, but probably rheumatic, like many others in this case. In the evening Sulph. is given. Why? From this time the bronchial and rheumatic symptoms took the lead, and was sick till the middle of May, having a chill occasionally, and recovered. The chest symptoms never went beyond bronchial disorder, though there was always dulness on percussion in the left chest.

CASE 184.—March 26, 5 P.M. Mrs. Thomas B., 60. (1412)

Vomited green bile two or three times; one black stool; was very cold, and legs icy cold to the knees, followed by sweat; burning and pain at the pit of the stomach; in pain all over during the paroxysm; skin moist and cool, and face cold; dark below the eyes; wants to sit up and lean forward. Ipec. and Veratr. every two hours.

This disease is essentially malarious, but, no doubt, complicated with typhoid poison. Veratr. and Ars., or China and Ars.<sup>20</sup>, are the remedies.

March 27, 8 A.M. One stool; vomited some green fluid once; slight nausea on rising this morning; some appetite; slight burning in the stomach; slept very well. Cont.

7 P.M. Vomited very little; some appetite; some pain in the stomach; at 3 P.M. had a chill; feet and legs cold; heat after, and sweat. Cont.

Nux and Ars. are better here. Ipec. and Veratr. do very well. The appetite contraindicates Ipec.

March 28, 7 P.M. Loose cough and expectoration; skin moist and too warm; some pain in the left side yet and in the bowels, and some all over; burning in the stomach; hungry. Ipec. and Phos. every two hours.

The cough, and moist skin when hot, indicate, with the hunger, more than simple functional disorder of the stomach, and Phos. is very properly given, but should have been alternated with Nux.

March 29, 5 P.M. Coughed all night; some cough to-day; good appetite; skin moist; cough now loose, and again dry; expectoration difficult. Puls. every two hours.

I prefer Nux and Phos., or Nux and Puls.

March 30, 12 M. Better every way, and well a few days after.

CASE 185.—March 28, 9 A.M. Mrs. Chas. L., 26. (1416.) Chill at 2 or 3 this morning, and so for several days; is troubled with a sort of dry herpes on the face or head; always has a spot as large as a pea on the right temple, and sometimes in spots all over the scalp, and sometimes a large patch with puffiness of the face. It appears suddenly, and sometimes disappears in the same way, and then there is vertigo and headache, with confusion. Dulc.<sup>6</sup> every night.

I was called to treat an ague; and although skin disease is very prominent, and should be considered in the treatment, at least as an exciting cause, yet the present disease is essentially malarious, for she has been living for years in a malarious district, and is subject to such turns. She has had chills several days very early in the morning, but as she cannot say on that account precisely what the symptoms are, Dulc. is given with special reference to the skin disease. Ars. is better, and I would give Ignat. with it.

March 29, 8 P.M. Had a chill at noon to-day, with blue hands and nose, followed in a short time by heat and headache, and nausea; thirst all the afternoon, and pain in the stomach. Cham. and Ipec. every two hours.

We can pay no more attention now to the eruption, as we require a spinal irritant, and also a sympathetic that directly affects the pneumogastric nerve. Nux will do for the first; but Ipec. is preferable to Puls., as there is no dyspnoea, and a great deal of nausea, and no thirst. The spinal irritant would answer every present purpose alone. But the sympathetic system, if left alone, will become disordered, and to-morrow the heat will preponderate. If the nausea and headache had been only in the chill, Nux or Ignat. would do. Cham., however, is given, and with Ipec. may do, as the symptoms seem to be mostly reflex.

March 30, 10 A.M. Feet and legs to the knees cold when she woke this morning; pain in the right temple, extending to the ears, with stitches in the gums, cheeks, and nape of the neck; heaviness of the eyelids; dulness. Nux<sup>6</sup> every two hours.

3 P.M. Same. Cont.

8 P.M. Sick, depressing pain in the right eye. Cham.<sup>6</sup> 6 every two hours.

The paroxysm came on as usual, but, instead of a chill, there is only cold feet and legs, and the gastric symptoms do not appear, but the irritation is reflected upon the fifth nerve, and all the symptoms are reflex sympathetic. Nux has quieted the spinal disorder for the time, and Cham. is given for the sick, sore pain in the eye. I would give Cham.<sup>12</sup> and Ars.<sup>20</sup>.

March 31, 8 A.M. The sick, sore pain in the right eye increased last night till some time after taking the first dose of Cham., when it abated, and some time after taking the second dose ceased entirely; rested well all night; had unpleasant dreams; no appetite this morning; such attacks as this usually have lasted three days, and are always confined to the head and neck; not been much troubled the last two years till six weeks ago, before which she went on a visit to Indiana, a very malarious district; has no thirst; slight aching about the top of the head and nose,

and back of the head and neck; head and the brain inside feel sore; light and noise disturb her much; stomach feels well, but has a sensation of nausea in the brain; yesterday the eyeballs were very sore deep in, with sensation of deadly nausea on the outside of the ball; no chill this morning; sensation of tingling and soreness, with heat and dryness of the tongue, which is broad, red, clean, and tremulous; waning of the sight; sometimes a dark spot moves about before the eyes when she looks at anything; very weak during and after the paroxysms of pain. Cham. every hour.

April 1, 1 P.M. Better. The pain ceased entirely after two or three doses. Cont.

These last symptoms are all reflex and double reflex, and I cannot ascertain if the skin disease has really anything to do with the paroxysms. Possibly it may predispose the brain to take in the eye symptoms of amaurosis. The being in a highly malarious district some weeks ago may have increased the severity of this attack. The most singular thing of all is, that the sensation of nausea should be transferred from the pneumogastric nerve and stomach to the brain and fifth nerve. Hence the symptoms, "nausea in the brain," and "deadly nausea on the surface of the eyeball," and "soreness, heat, and dryness of the tongue, which is broad, clean, and tremulous." Cham. is certainly homeopathic in this case, both pathogenetically and pathologically. It is a sensory and excito-motor irritant, and Hahnemann says it "seems to moderate excessive sensitiveness to pain," and seems also to act specially on the fifth nerve. It is specially indicated by the sick, sore pain of the eyeball. It is questionable, however, if it is equally homeopathic to the transferred nausea. It might, and indeed seems to have helped; but in these cases no one ever knows when the paroxysm ceases of itself, or is cured by the medicine. Repeated experiments can only decide that. It is clear, however, that a reflex irritant never cures radically. *Nux<sup>20</sup>* and *Ars.*, or *Puls.<sup>20</sup>* and *Ars.*, would cure here permanently. I would give 6 gl. every night, alternating the couples every week. Perhaps less frequently and a higher attenuation would be better. *Nux* has "nausea in the chest," and "nausea in the throat and belly," which are about as strange as nausea in the brain and on the eyeball, and why not have them?

I don't know the result of the treatment, as she left in a few days.

CASE 186.—March 28, 7.30 P.M. Elizabeth J., 9. (1420.) Chill every day about 5 P.M., with thirst; feet and hands cold for an hour; heat after, with pain in the side; no appetite; no thirst; no sweat; so a week; a little appetite this morning; has had pain in the teeth and ears. *Rhus* 4 every two hours.

Here the spinal symptoms rather predominate. *Puls.* and *Merc.* are the remedies. *Nux*, or *Ignat.* and *Ars.*, would cure. *China* is better than *Rhus*.

Still, the disease had been running a week, and this morning had an appetite, and all it lacked of a cure was to arrest the chills, which any spinal irritant might do even better than Rhus, which really has no other relation to the symptoms.

CASE 187.—April 1, 10 A.M. Mrs. Wm. A. T., 28. (1425.)  
1. Had chills for a week, followed by heat, but no sweat; 2, at first in the night, but the last three in the afternoon; 3, in the chill the nails and fingers are nearly black; 4, shakes; 5, thirst after the heat; 6, chokes and strangles when she drinks; 7, tongue has been swollen; 8, subject to hysteria; 9, constipation; 10, no heat the last two days; 11, slight cough and great dyspnoea in paroxysms; 12, pain in the vertex till this morning; 13, now over the eyes; 14, was chilly in the night, with cramps; 15, was unconscious in the night for an hour, with great dyspnoea and choking, and clutching with the hands at the stomach; 16, while yet conscious she begged of the neighbors to press on her stomach—to jump on her stomach with their feet; 17, warmth ameliorates; 18, palpitation of the heart; 19, menses came on yesterday morning—are usually painful; 20, the paroxysm came on last night with horrid pains in the back and uterus; 21, sharp darting on deep inspiration from the heart around to the middle of the last true rib; 22, pale; 23, face cool; 24, pulse 100; 25, no appetite; 26, pain in the knees; 27, urine very scanty; 28, pulse hard; 29, tongue stiff and coated; 30, has been salivated five times; 31, pain in the ears, teeth, and jaws; 32, considerable tenderness, on pressure, through the right hypochondrium, and can't lie on the left side at all, and hardly on the right; 33, cough is very dry; 34, stools hard and lumpy; 35, piles; 36, had ague time and again, and taken bushels of Quinine. Veratr. when the skin is cold, Hyos. and Puls. every two hours.

Here is a malarious disease, complicated with hysteria and Mercurial and Quinine cachexies. Symptoms 1, 2, 8, 4, 5, 14, 15, 16, 18, 20, 21, 26, 38, belong to the malaria, and are mostly spinal, but some partly hysterical. Symptoms 6, 15, 16, 18, to hysteria, and in part malaria. Symptoms 17, 28, 26, 27, 29, 32, 34, 35, to Mercury, and the head symptoms to the Quinine, though each disorder aggravates the other. Has no heat now, for since the return of the menses the disorder of the sympathetic, that should have been heat, has been fixed upon the cardiac and solar plexus, and thence extended to the pneumogastric and fifth nerve, and instead of heat we have the excito-motor symptoms, and terrible pains in the stomach and dyspnoea. The Quinine probably aggravates the spinal

symptoms 3 and 4, and modifies many others. Veratr. is well enough as conditionally given, and Puls. is very well, but Hyos. is of no use. Bell. would be better, as it acts on the source of ovarian irritation, but Ignat.<sup>2</sup> is the true remedy, as it meets all the malarious and hysterical symptoms, and some of the Quinine. Puls.<sup>20</sup> might be alternated; thus Ignat.<sup>2d</sup> every half hour in the paroxysms, and Ignat.<sup>2d</sup> and Puls.<sup>20</sup> every two to four hours at other times.

CASE 188.—April 3, 8 A.M. Sophy W., 8. (1427.) Chills, heat and sweat, some days; good appetite. Nux every two hours.

This is a better China case.

CASE 189.—April 5, 6 P.M. Mrs. Eleanor P., 60. (1485.) Irregular chills, almost every day, beginning in the morning before she rises, and sometimes after, with a chill in the stomach, and then all over, with cold hands and feet; skin cold and aches all over; back worst; heat after, with chilliness and some thirst, and pain in the back and all over; feels faint and has no appetite; constant sense of chilliness; headache; skin slightly moist; bloats up, and so has to keep her clothes very loose; pit of stomach sore to pressure, and sore all over, with swelling of the feet; face gets red with sensation of burning; wants her shoulders sponged with cold water; has great heat; when she has a good appetite at night is sick in the morning; stomach feels bad for days together; some nausea in the heat; feet are lame. Ars. 6 four times a day.

April 13, 4 P.M. Better. Cont.

Here the irregular symptoms, in an old woman, with a low degree of nuclear or life-action, there being great heat and little or no sweat, induced me to trust to Ars. But the symptoms are predominantly spinal, and belong mostly to the posterior column, and hence the constant chilliness, as well as chilliness in the heat and distinct chill at first. No wonder then that a week after she is only better. Ars. is indispensable here, but a spinal irritant is equally so. The bloated feet, aching all over, cold feet, and mixed chills specially indicate it, and perhaps also the chill commencing in the stomach, for Ars. has cold feeling in the stomach, and so has Ignat., China, Rhus, Bovista; and so have thirty other drugs, but only two have the technical symptom "chilliness in the stomach," Berb. v. and Merc. Perhaps all the difference arises from the manner of describing the same sensation by different provers. Very many so-called characteristic symptoms might be resolved into the common mass by a little wholesome analysis. Puls. and Ars., China and Ars., or Ignat. and Ars., would have cured this woman in two to four days. Ars. seemed to in seventeen. Perhaps Berb. v. or Bovista might have cured, but I don't believe it. I now know that Pula and Ars. would at once.

CASE 190.—April 7, 10 P.M. Willie D., 3. (1442.) On

Monday had a slight chill, and cold hands and feet in the afternoon; heat after, followed by sweat; was stupid and slept through the whole paroxysm; could hardly be roused up; Wednesday had the earache at the same hour he had the chill on Monday, and after the earache had some heat and sweat; last night had the earache, and this afternoon had cold hands and feet again, after which heat, and there is now, 10 P.M., some sweat of the palms and on the inside of the arms, but the backs of the hands and arms are dry; head was hot in the chill; no pain in the heat, but moaned some in the chill; breathing is now free and skin warm; rouses up and turns over if disturbed, but don't wake up; has taken Acon., Bell., and Opium. Bell.<sup>xx</sup> every two hours.

April 8, 8.30 P.M. Better. Em. tart. every two hours.

The symptoms here are cerebro-spinal and sympathetic, and of a low grade. The malarious disorder is not very active and confined to the upper part of both systems. Acon. is of little account, Bell. is pathologically very well, but quite too active pathogenetically, and Opium is no better than Acon. Gels. might do something in such a case, but Puls. should have been given with Em. t., the last being a cerebro-sympathetic irritant and indicated by sleep during the paroxysm. Its symptoms are, however, rather active for this case.

CASE 191.—April 17, 8.30 P.M. Mrs. Adolphus L., 31. (1447.) Taken with bloating and pain in the abdomen, about 9 A.M. Had a chill with thirst, then heat and increase of thirst; chill lasted an hour and a half, and shook; eyes were yellow; sweat on the forehead after, and skin is now moist and cool and sweats on the forehead; took Quinine every day last week; back and shoulders ache; pain goes through them; no appetite after the paroxysm, and itches all over; has been so more than a week, every day, and is getting tired of it. Ipec. every two hours.

The sympathetic disorder here predominates, as all the symptoms are aggravated in the heat, and yet the chill is distinct, and there is shaking. Still the abdomen is bloated and pains her before the chill. The heat, and bloating, and pain, however, may belong to the Quinine, as she has taken it every day. Ipec. is given, but Natr. mur. 8 or 6 is the only single remedy that can do anything here, and it cannot be cured with one, as there is no doubt some disorder of the liver. Nux and Merc., Puls. and Ars., or Ignat. and Natr. mur. ought to cure.

April 18, 9 A.M. Better than yesterday morning; no chill; can't sit up; didn't rest well. Cont.

12 P.M. No chill; has had pain in the stomach one hour before the chill; has some of it now; has stopped when the chill came on. **Nux** every hour.

Had no chill to-day because there is no Quinine aggravation, but has the pain that usually precedes it, and the mistake is made of changing for a spinal irritant instead of alternating with one.

**April 19, 9 A.M.** Better. Cont.

**April 20, 7.30 P.M.** Had the stomach pain at the time for the chill this afternoon, but no chill. Cont.

If this ague does not return, anything will cure agues.

**April 29, 8 P.M.** Has had a chill every day for three days; to-day had chills across the shoulders at 11 A.M., and cold all over at 1 P.M., with shaking and thirst; drank a great deal; hands and nails and lips and face blue; headache, and pain in the back and knees; in the heat, the head felt crazed, and it lasted all the afternoon, and was as thirsty as in the chill; burning in the soles of the feet and stinging; hands numb; headache; sweat some before 6 P.M.; last night had a chill at 7 o'clock; went to sleep and awoke at 12 P.M., and had a heavy chill, with shaking and thirst, and sweat all night after; has but little heat any way, and sweats a great deal; no pain in the stomach or bowels to-day. **Bry.** every two hours.

And so the chills kept off just as long as it pleased the Quinine, returning the ninth day. There are few sympathetic symptoms now, and, but for the Quinine she has taken, **Chin.** and **Ars.** would cure her in two or three days. **Bry.**, however, does not fill the bill here; it will not match the Quinine. **Puls.** and **Ars.** would, or **Nux** and **Puls.**, or **Puls.** and **Natr. mur.**

**May 2, 10 A.M.** Chill yesterday at 6.30 P.M., lasting an hour, most across the shoulders; thirsty; pain in the abdomen; headache all day, worse over the right eye; food don't digest; heat lasted half an hour, and then sweat like rain; thirst all through the paroxysm, and continues yet; pain in the stomach before the chill; mouth tastes bitter, and makes her feel sick; craves fish; can't bear meat. **Ars.** every two hours.

**Nux** has every one of these symptoms, and yet **Ars.** is given, which is contraindicated by the short heat, the distinct chill, and the profuse warm sweat. **Nux** and **Merc.**, or **Nux** and **Puls.** are right.

May 4, 9 P.M. Had a chill in the forenoon yesterday, and another in the evening; pain in the stomach and bowels all day, and chill at 4 P.M., with cold hands and feet, hot skin, and shivering and shaking, and shuddering and yawning; pain in the stomach and back, and slight nausea; since yesterday, has had some cough, and bowels are sore, and it hurts to cough; knees tired; headache all day. Gave Bry. every fifteen minutes. Immediately after the third dose, the chill ceased, except on the shoulders; pain in the bowels and stomach continues. Cont. Ars.

The symptoms are all spinal, except the pain in the stomach and bowels, and that may be. There are many excito-motor symptoms, and the lungs have been reached through the pneumogastric nerve. Nux and Merc. or Puls. are the remedies.

May 6, 7 A.M. Chill at 11 A.M. and 8 P.M. yesterday; shook an hour, and heat continued most all night after. Eupat.<sup>3</sup> every hour.

Eupatorium is not as homœopathic here as Natr. mur., and neither will cure alone.

8 P.M. Pain all over most all day; shook without being chilly, but is chilly this afternoon; been almost blind most all day; rubs her eyes, and seems as if something was before the sight; eyes red and painful; skin hot; no pain except in the eyes; can hardly see. Bell. 8 glob.

And here we have another change to very little purpose. The eye symptoms belong to the Quinine, or are reflex abdominal. Ignat., or Nux and Merc., or Puls., or Natr. mur., are better than Bell.

May 7, 4 P.M. Chill this morning; shorter, and with less pain; no thirst; ate something this morning; head better; chill came on again after two hours, and she shook severely; skin hot, with chills, and shaking three hours; face livid; nose red; blue-black around the eyes. Veratr. and Em. tart. every three hours.

Ignat., or Nux and Ars., or Ignat. and Natr. m. would do. Veratr. can't do much, and there are too few sympathetic symptoms for Em. tart.

May 8, 9 A.M. Chill and heat in the night, with sweat; no appetite; tongue coated white, and foul taste; some nausea;

soreness through the whole body, and in every muscle; obscuration of sight. Cont.

8 P.M. No chill; feels better; no pain. Cont.

May 9, 8 A.M. No chill; some appetite; can see better. Cont.

8 P.M. Pain in the stomach and bowels from 9 A.M. to 8 P.M.; commenced in the stomach. Cont.

11.30 P.M. Stomach ached worse this evening, and the pain became excruciating; at 10 P.M. had a chill, and was as cold as a stone all over, and rigid; face pale, and jaws set; delirium and muttering just as the chill commenced; the chill seems now at the worst. Nux<sup>4</sup> 1 drop every ten minutes. The legs were rubbed briskly with flannels wrung from cold water; in twenty minutes began to get warm and to shake violently, and the limbs relaxed; it was a tonic spasm; some delirium now; is talking every sort of thing; feet warm. Nux and Eupat. every hour, and Acon. in the heat.

Strych. is homeopathic here. But Nux and Natr. mur., or Ars. would answer. Eupat. is of little account. The anterior spinal column became so disordered that the excito-motor system overdid itself, and we had a tonic instead of a clonic spasm or shake. It has been coming on some time. The cold applications are objectionable, as a rule, but this is a strong healthy woman, and the cloths were wrung as dry as possible from cold water, and the limbs rubbed with them as briskly as possible under cover in a warm room until they became warm, which was much sooner than a fire could have been kindled, and bricks heated, or even water. Bottles, and jugs of hot water, hot flannel blankets, or heated billets of stove wood answer a good purpose, but in a desperate case, in a warm atmosphere, a piece of ice wrapped in a soft flannel, changed often, is a capital application if moved briskly, but the limbs should not be exposed to the air. It should be done under at least one blanket. No stimulants should be given, but Nux and Ars.<sup>30</sup> should.

May 10, 2 P.M. There was heat till morning, when she could not sit up as usual. Cont.

May 11, 10 A.M. No chill yesterday; slight pain in the abdomen this morning; some appetite, but nasty taste—slippery; can't see as well. Cont.

11 P.M. Had pain in the abdomen and stomach all the afternoon; at 7.30 P.M. the pain was very bad; at 8 P.M. skin was cold, and felt icy cold; headache and vomiting, but felt no chill, and then the pain in the abdomen ceased, but the abdomen was very sore; at 9 P.M. felt chilly in the shoulders, with thirst, but the skin was warm, and she soon began to shake; no chill, ex-

cept in the shoulders, and no pain, except in the head. *Rhus.* every hour.

Now this mixing up of symptoms, and substituting chills for pain, and vomiting for heat does not belong to malarious disorder, but results from some other irritation, and probably Quinine; one set of chills, and the headache are, no doubt, due to it. There seems to have been two chills every other day, or the equivalent of a chill in some way, and one the alternate days. *Nux* and *Merc.*, or *Natr. mur.* and *Puls.*, or *Puls.* and *Merc.* should cure this disease. The night fever, the sweat, the burning hands, the yellow face, foul tongue, and increasing sympathetic symptoms, call for *Merc.*, but *Rhus* is given.

**May 12, 8 A.M.** Sitting up this morning; heat all night; sweat towards morning, with great internal heat and burning of the hands; the sweat is cold now, but the hands are burning hot; sensation of internal heat, with thirst; wants cold water; some headache; face yellow; nose red; tongue thickly coated—a yellowish-white, and dryish. *Ars.* and *Veratr.* every two hours.

There is beginning to be signs of a typhoid irritation in the organism, another disturbing element. Still I would try *Ignat.* and *Merc.*

**9 P.M.** Some pain in the abdomen above the umbilicus, indicating a coming chill. Cont., but if the chill comes give *Veratr.* every quarter of an hour.

**May 13, 8 A.M.** Had a chill at 2 A.M.; vomited, and had the severe pain in the stomach at the usual time; cold sweat; sensation of burning heat, with intense thirst; no external heat; chill lasted an hour, after which she sweat; ate some rice this morning; bad taste. *Ars.* and *Veratr.* every hour.

It is not pleasant to think that our medicines aggravate and make the patient worse, but here, medicines have been given five days, more or less, that cause cold sweats, and cold sweat is one of the most prominent symptoms, and so of internal heat. True, the medicines are in the third and sixth attenuations, and only medicated pellets, six in three oz. of water. I have occasionally noticed the like before. I would give *Nux<sup>30</sup>* and *Merc.<sup>30</sup>* every three hours.

**9 P.M.** Chill at 11 A.M., with thirst, and headache, and shaking, and internal heat after, with cold skin; no nausea. Cont. every two hours.

**May 14, 7 A.M.** Chill at 12 last night; heat and sweat after—profuse cold sweat; no pain at all in the stomach or bowels, but there was some in the stomach this morning; thirsty all the

time; loud empty eructations; belchings. Natr. mur. every two hours.

Natr. m. should have been tried long before, it being an antidote to Quinine; it will do much less now. It is doubtful if it equals the last medicines alone; with Nux it would do well, or with Puls.

May 16, 7 P.M. Slight chill yesterday; heat from noon till night, and sweat profusely after; no chill nor heat to-day; bad taste in the mouth; pain behind the lower half of the sternum; hurts there to move; a lame pain, and hurts to breathe; took a mite of Saltpetre, and it went away in a few minutes. Natr. m.<sup>o</sup> every three hours.

The pain behind the sternum, no doubt, is rheumatic, and, perhaps, the Nitre might have reached it; who knows? It is a great remedy among the empirics. Puls. and Natr. mur.<sup>o</sup> would do well.

May 19, 5 P.M. Chill in the shoulders, followed by heat, and great thirst; rode out to-day three miles in a cold wind. Puls. every three hours.

Natr. mur. should have been continued with Puls.

May 21, 4 P.M. Chill to-day at 11.30 A.M.; thirsty; no pain in the stomach; considerable heat after, with thirst; no pain, except in the head; cold sweat last night; no chill yesterday. Puls.<sup>o</sup> every three hours.

May 22, 8 P.M. Chill at 10 A.M., preceded by slight pain in the stomach and abdomen, with thirst and headache, and lasted two hours; in the heat burns as if in boiling water, but most internal; strong pulsation of the arteries, with headache, and great thirst. Ars.<sup>o</sup> every three hours.

Better Ars.<sup>o</sup> and Puls.

May 23, 10 A.M. No chill; slight pain in the stomach this morning; itching eruption on the skin. Cont.

May 24, 9 P.M. Had a chill to-day and shook, and great heat after. Cont.

May 26. No more chills, but occasionally pain in the pit of the stomach; some appetite, and itches and aches all over. Cont.

There is another element of disorder here which we have not noticed, because

it seemed to play a very insignificant part; that is, the skin disorder. And yet it may have had something to do with the pains and soreness. It is probably a nettle-rash. Had Nux and Ars. been persevered in, I think there would have been no relapse, though where Quinine is given for days in succession the paroxysm generally recurs on the eighth or ninth day. Nux, Ignat., Puls., and Natr. mur., properly used, would have cured this case at any stage, but neither of them alone would cure at any stage.

**CASE 192.**—April 30, 8 P.M. Mrs. Eleanor P., 60. (1473.) Chilly all the forenoon, with heat occasionally; drowsy after; eyes smart, and burn, and feel sore; weak and dizzy. Ars. every two hours.

Nux and Ars. would cure this case promptly. A spinal irritant is as necessary here as a sympathetic. Nux is specially indicated. Puls. would do. It is only eight days now since she had the last chill of an attack treated seventeen days with the same medicine, and the same result will follow now. Had no more chills till—

May 9, 11 A.M. When she had chills and heat together; cold feet; no appetite; weak; pain in the abdomen; stomach feels bad. Em. tart. every three hours.

Had Puls. been given with the Ars. the paroxysms would not have returned. The last prescription is somewhat better, but should be Puls. and Em. tart. This woman is predisposed to phthisis. Six children—all she ever had—died of it. Always has a cough herself. Was as well as usual in three days.

**CASE 193.**—May 3, 8 P.M. Charley McW., 1. (1475.) Right side of the neck swollen; throat seems to be sore; been complaining a week, and had regular chills a week; a good deal of heat, but no regular chill; seems chilly all the time if he is uncovered; no sweat; had a bloody stool yesterday morning; no appetite; starts and jumps in his sleep, and sometimes when awake; skin hot and dry; flesh and nails purple in the chill, with shivering; most thirst in the chill; some all the time; rattling in the throat, and thick breathing; is cutting teeth. Cham. 2 every two hours.

The malarious disorder has been confined to the spine for a week, and to-day, for the first, has been developed from the sympathetic system; and, after all, it may be only reflex from the spine and teeth. The swelling of the neck is, most likely, only an extension of the dental irritation. The spinal symptoms predominate, and though Cham. may quell the reflex symptoms, it will not cure alone. Cham. and Merc. would do very well, but Ignat. and Merc. better.

May 4, 8 P.M. No chill; no heat except in the head; puffy redness below the eyes; some discharge from the left nostril; slept well last night; grates his teeth. Cham. every two hours, and Bell. every third dose.

This is scarcely better than Cham. alone, as Bell. is a centric irritant, and the cerebral symptoms are all reflex. The puffiness below the eyes is an Ars. symptom. Cham. and Ars. would do; Ignat. and Ars. or Nux and Merc. better; and Ignat and Merc. still better.

May 6, 9 A.M. Chill day before yesterday, in the afternoon; bowels loose; dark under the eyes; restless last night; gums painful. Ars. 2 Cham. 2 every two hours.

This is better; but should be Ignat. and Merc. or Ars. No more trouble.

CASE 194.—May 5, 7 A.M. Sadie S., 7. (1476.) Chill every afternoon, and heat all night after; thirst in the heat; constant pain in the stomach; no sweat. Cham. 3 every three hours.

There is both spinal and sympathetic malarious disorder here, as proven by the regular paroxysms every day. The constant pain in the stomach depends upon disorder of the solar plexus, most likely, as it is not periodical, and Cham. seems to act specifically upon the solar and hepatic plexuses, and should reach that symptom. There were no more chills, and it is to be presumed that Cham. cured. But this was a child, and Cham. will do more with them than adults. This is an exceptional case. Puls. and Ars. or Ignat. and Ars. are the remedies.

CASE 195.—May 5. Ellen B., 25. (1477.) Had chills and heat and burning in the face, all together, and sweats nights; sweats now all night if she overdoes; has colic pains, with nausea and faintness and diarrhoea; hoarse; takes cold if she only walks across the street in the evening, and coughs all night after; general weakness; heat and chills; sometimes feels well; good appetite. Carb. v. 6 every six hours.

This patient is predisposed to phthisis and always has a subacute bronchitis, but there can be no doubt of malarious disorder, as the present symptoms are distinctly intermittent, though somewhat irregularly so. Some days feels as well as ever she did and has a good appetite. There is certainly tuberculous disease of the lungs, and there are night sweats, and colic, and diarrhoea, and hoarseness, some of them modified by and some modifying the malarious disorder. Nearly a year ago was treated for some of these symptoms and menstrual disorder with Carb. v., Puls., and Phos., but had no chills. How Carb. v. could cure this case is at least problematical. The provings show that it is both a

spinal and sympathetic irritant, but a careful analysis, I apprehend, will show that it is a glandular irritant, and almost all its symptoms are reflected from the glandular disorder. In this case the malarious disorder might not have been developed but for the reflex irritation of the disorder of the pulmonary mucous tissue, and so Carb. v. might be indirectly homeopathic. Puls.<sup>20</sup> and Sulph. ac. would be much better.

**CASE 196.—May 8, 8.30 P.M. Caroline E. S., 5½. (1487.)** Some loose cough; tongue has a yellow coat; constant heat, except an intermission about dark, when she has a distinct chill; pain in the stomach; hurts to cough; has vomited; frequent, thin, greenish-yellow stools; some thirst; no appetite. Puls. and Bry. every two hours.

May 9, 6 P.M. Better. Cont.

May 12. No more chills; better than before. Cont.

The prescription is very well. The sympathetic symptoms take the lead, as there is almost continuous heat, and the chill seems in part reflex; but the very persistence of the heat foreshadows a typhous condition, and with the brown-coated tongue indicates Bry. Puls. answers to the balance of the symptoms. What would Carb. veg. do here? It is something like the last case. Baptisia might be examined in such a case.

**CASE 197.—May 9, 6 P.M. Mrs. George L. (1491.)** Not been well for a long time. Taken day before yesterday, at 10 A.M., with a chill, then heat and chill again; in the chill, pain in the stomach and both sides; heat after, with pain in the head; to-day, chill again at the same hour, and lasted two hours, with thirst, pain in the shoulders, hypochondria, and stomach and limbs, and nausea and cold hands, which were numb and turned white, with blue nails; skin was cold, and sensation of coldness, but didn't shake; distressing load in the stomach; headache just before the chill went off; sensation of heat and red face in the chill, mixed up; in the heat, felt as if burning up; pain was in the forehead; nausea and increase of thirst; pain in the stomach and hypochondria; sore feeling in the abdomen; hurts to breathe; distressing sharp pain in the forehead and back through the head, darting; trembling; dizzy; pain in the bones; took a dose of morphine; heat is now subsiding; no sweat; canker, leady, coppery taste, and says she can smell it in her breath; heat rises and falls; tongue has a greasy look and is slightly coated. Ars. every two hours.

In this case the malaria has been incubating a long time and developed day before yesterday from the spinal side. To-day we have it developed from both sides with all kinds of pains, and gastric symptoms with abdominal, and intense heat. Ars. hardly fills half the bill here. Nux is specially indicated, by the gastric, abdominal, and head symptoms, and Jahr gives it the first place for "metallic taste." But it is a clinical symptom. The provings give only "bad, slimy taste, partly herby and partly metallic." But the symptom, although it cuts quite a figure among characteristic symptoms, has at present, at least, no therapeutic value whatever. Almost any metallic drug in an appreciable dose will give metallic taste, and of all the medicines credited with the symptom only three seem to act through the sensory nerves, to wit, Colocynth, Rhus, and Cocc.; and Nux may be added "in part." The fact is, it has no significance beyond the actual contact of the medicines. Nux and Ars. or Natr. mur. are the medicines.

May 10, 7 A.M. Heat continues; some headache; skin yellow; pain in the back; no appetite; bad taste, like iron rust; sweat a very little towards morning. Acon. in the heat, and cont. Ars.

Acon. can do little here. The heat is kept up by the spinal disorder, which is evidently thrown upon the sympathetic system. Nux and Ars. are the remedies.

May 11, 12 M. Some heat all day yesterday; felt bad and has had the backache all the morning; pain in the bones; thirsty; pain in the bowels; one stool; more thirst in the chill; hands and feet cold and numb, and pained her first, and then she got numb all over from the hands; nausea; some pain in the abdomen; oppression of the breathing; could drink but little at a time; pain in the stomach and left hypochondrium, a dull, heavy, distressing feeling; sweat some yesterday and last night; pain in the jaws and face; yawned and stretched and shook in the chill; feet hot; face red; feels very hot in the heat; chill and heat were together at first; left side of the throat sore; soreness, swelling, and some pain, from the left axilla to the breast, and hardness of the left side of the mamma; has had a sort of rheumatic lameness of the left hip and leg. Nux every hour.

So Nux is finally discovered, but the mistake is made of giving it alone. And why should it not be made, when he was, and is now, denounced as no homœopath who gives medicines in alternation. Nux and Ars. would be right.

May 12, 7.30 A.M. Heat by turns all night, and restless; fainty, sick; so this morning, with soreness all over; lips yellow, and

look as if blistered; small pimples and hard blisters on the outside; face yellow; sweat alternating with heat. Ars. and Rhus every hour.

6.15 P.M. Sweat this afternoon; head feels dull and humming. Cont.

And the medicine is changed again, probably because it was found out to-day that Rhus is homoeopathic to the pain in the hip. This will never do in treating agues. Nux and Ars. will do.

May 13, 10 A.M. General coldness; chill at 7 A.M., with pain in the head; drank a good deal; pain across the stomach and both hypochondria; bad taste; sharp, darting pain through the temples; is not warm yet; feet were cold; pain in the back and bones of the fingers; pains went all over; vomited some; nausea at times; headache is sharp as a knife; wringing pain in the back. Eupat.<sup>2</sup> every hour.

4.30 P.M. The pain in the head gradually lessened till it now comes on only in paroxysms; tongue yellow; lips sore; burning heat in paroxysms; no sweat yet; less thirst. Cont.

There have been many indications for Eupatorium for several days. There are more now, and the symptoms all indicate disorder of the posterior spinal column. So Eupat. is pathologically correct. Elaterium is the only medicine that has the symptom of pain shooting to the ends of the fingers, but it does not meet the other symptoms as well as Eupat. Elat. has the headache also; but Eupat. should be alternated with Natr. mur.

May 14, 4 P.M. Sweat all night; slept very well; not very thirsty; lips sore all over with something resembling yellow blisters (eczema); tongue dotted with patches that look as if skinned; subject to a stomach complaint; tongue and gums feel raw; heat and itching of the lips, and heat and smarting of the mouth. Natr. mur.<sup>30</sup> every two hours.

Better with Eupat., or Nux, or Ignat.

May 15, 8 A.M. Slight chill this morning, followed by sweat; no headache. Cont.

7 P.M. Better. Cont.

May 17. No more chills; well.

A spinal irritant, as Puls., or Eupat., or Nux, would have prevented this chill.

CASE 198.—May 11, 12 M. Mrs. Schuyler H., 37. (1492.) Typhoid intermittent. Sick headache day before yesterday; chill this morning at 8 o'clock; 1, thirsty, and shook two hours; 2, pain in the back, 3, and head, 4, with vomiting; 5, pressure in the head; 6, had pain all over before the chill; 7, chill and heat came together after awhile; 8, in the heat pain all over; 9, pressure and pain in the head as if it would burst; 10, feet, 11, and hands cold; 12, can't keep her eyes open; 13, feet and hands feel numb, and prickle; 14, tongue reddish-brown, 15, and dry at the point; 16, breath fetid; 17, can't lie still, feels so bad; 18, dyspnoea; 19, trembling all over; 20, face bloated. Puls. every hour.

7 P.M. Better. Has sweat a little; some pain in the head yet. Cont.

If Baptisia has a place it is here. Nux and Baptisia<sup>2</sup> should cure this case. I have no experience with it, and would give Ignat. and Ars., or Bry. and Ars., or Nux and Ars. Either will do. But the last is best, after all, as Nux has more spinal symptoms, direct and reflex, than any other drug, to wit, 1, 2, 4, 7, 9, 11, 13, 15, 16, 17, 18, 19; and Ars. has more sympathetic than any other of that class, to wit, 2, 3, 6, 7, 8, 9, 10, 18, 15, 16, 17, 18, 20, while Puls. has really only three, 12, 16, and 18. Technically, fifty drugs may be found whose pathogenesis will match all the above symptoms.

May 12, 10 A.M. Tongue moist, with a thick yellow coat in the middle; nausea every few minutes this morning; head began to ache worse about daylight; skin natural. Cont.

7 P.M. No chill; headache all day; some heat at 12 M., and thirst; no appetite, but ate some meat broth; distress at stomach; almost stops her breath. Puls. and Em. tart. every hour or two.

The disorder of the pneumogastric predominated to-day, and Em. tart. was no doubt added on that account. Ipec. is better, as it has more to do with the respiratory functions, and Emet. tart. with the glandular tissue. Nux and Ipec. or Ars., are the remedies.

May 13, 9 A.M. Rested very well last night; chill this morning from 5 to 8; thirsty, with great nausea and vomiting of bile, and great anguish; hurts her eyes to press on them; some pain in the head and back; wants more air; oppression of the breathing; thirsty, but can drink only a little at a time; tongue dry and brown in the middle; nausea before the chill; feet burn; in the heat all the symptoms worse. Ars. every two hours.

6 P.M. Heat all day, but less inside; pain in the head and back; no appetite; baked apple tasted good; no thirst; the sight of food makes her feel sick; head sore all over, and all through. Cont.

Here we have the medicine changed again, and scarcely for the better; as the long chill calls for a spinal irritant, *Nux* and *Ars.* will do. It is somewhat singular that the symptoms of day before yesterday should recur, and be so accurately repeated, but the medicines have done nothing except perhaps get up a new symptom or two, as, for instance, "the sight of food makes her sick," which I have formerly observed after a large dose of *Emet. tar.*, and also after repeated and large doses of *Fowler's Solution of Arsenic*; any medicine that seriously disorders the pneumogastric nerve may have the symptom.

May 14, 8 A.M. Feels better; some appetite; some pain in the head in paroxysms; tongue rough, red, and moist; didn't sleep well; dreamed of killing snakes, and of seeing a colored woman hung; lips dry; no thirst. Cont. *Ars.*

8 P.M. Better. Is up and about the house; very weak. Cont.

*Bry.* and *Ars.* would have done much better.

CASE 199.—May 19, 9 A.M. Olive Jane T., 14. (1504.) Been sick two weeks; taken with a chill yesterday; quite sick all day; this morning taken with a diarrhoea; green watery stools, like curdled milk; chilly through the chest and abdomen every two or three hours; feels as if her back was being pricked with pins; hot flashes; constant craving for cold water; wants to be covered all the time, so chilly; feet cold; face red; pain in the forehead; pain in the bowels since the chill; tongue moist; slimy taste. *Merc.* every three hours.

Here the malaria has been keeping the child sick two weeks, and yet developed no particular disorder till yesterday, when a chill appeared. The sympathetic has been the seat of the disorder, and most likely the hepatic plexus. The chill itself, singularly enough, felt mostly in the abdomen and chest. The only purely spinal symptom is the "pricking as of pins." The exciting cause, after all, is the mucous or glandular disorder in the bowels, and *Merc.* quieted that, and the symptoms subsided.

CASE 200.—May 21, 8 A.M. Philo J. C., 22. (1505.) Has had the ague every second day for ten days; at first the chill came on at 9 A.M.; now it comes at 7 P.M.; before the chill feels well, then has a chill all over, after which chills and heat

together; most thirst when there is the least chill; sweats after about four hours; very severe pains in the back and knees after the chill comes on; also pain in the head and sides; oppression of the breathing through the paroxysm, and loose cough, with some nausea; sweats profusely, but the feet remain dry; appetite good in the apyrexia; has taken Ipec. and Nux, and also Chin., for the nose-bleed; bled a good deal at first; stools are frequent and watery; nasty taste; lips sore; has had a cough for weeks; worst at night; face flushed in the heat; sweat begins on the forehead, at the edge of the hair. Puls.<sup>30</sup> every two hours.

The chill in this case is distinct, but not long, and the symptoms indicate the posterior spinal column as the seat of malarious disorder, being chiefly pain. The whole sympathetic system is disordered. The spinal symptoms run into the sympathetic, chill and all, and there is a night cough from irritation of the pulmonary mucous tissue, which is a source of reflex irritation. The disorder of the intestinal mucous membrane is probably reflex sympathetic, and will cease with the chill. A promising feature of this case is the postponing chills. The nausea and dyspnoea are reflex spinal, through the pneumogastric, and the gastric may be reflected from the lungs. There is too much sweat for Ars. here, and it is warm at that, and besides the apyrexia is clear. No one will reach the night cough as well as Puls., which is a posterior spinal irritant, and has most of the symptoms besides. The chill is distinct, but not very long, and Puls. will most likely answer. Puls. and Merc. would be safer.

CASE 201.—May 21, 6 P.M. Jason D. P., 40. (1508.) Chills every other day, with anticipating paroxysms; good appetite, and can eat during the entire paroxysm; chill is now in the morning, with some thirst; great thirst and headache in the heat; pimply eruption around the mouth; profuse sweat; slight chill; left eye sore; looks like an erysipelatous swelling; delirium in the heat. Rhus and Natr. mur. every two hours.

This is a capital prescription. Rhus answers to the skin disorder, and is a spinal irritant, anterior, and does not affect the appetite. Natr. mur. meets all the other symptoms. No other medicine was needed.

CASE 202.—May 24, 4 P.M. Mrs. Chas. T., 21. (1514.) Stomach has been bad some time; weak; can't do anything without making her down sick; has to draw a long breath every little while; seems as if she could not get her breath—that the breath was not there; constant oppression in the region of the

heart; heart seems heavy, as if sinking or being dragged down—as if it must stop beating; sometimes every breath she draws is like sticking a knife through her chest; most in the top of the left lung, and through back into the shoulder blade; some sticking in the lower half of the left lung; the sensation of pressing is aggravated by any outside pressure; pain in both hypochondria, with lameness; pain through the temples and forehead—throbbing and jumping; heavy aching also in the head; feet and hands cold; sometimes after walking, they burn; when one side burns the other will be colder; one foot and hand cold, the other hot; half an hour after eating, food sometimes sours in the stomach, with sour eructations; custard is the worst thing she eats; milk is bad enough; water-brash sometimes; hot flashes begin at the stomach and go all over her, with actual increase of temperature, and followed by perspiration; sometimes it occurs several times a day; again only once in two or three days, with dizziness and confusion of the head, and sensation of pressure; has had chills every day, or every other day, for three weeks; generally chilly three or four hours or more in the forenoon, with headache and backache; stupid; sleepy; palpitation and heaviness in the heart; no heat after the chill, but the headache is worse; feels better otherwise; no sweat; constipation; dreams of dying, or of having the cholera; has the nightmare; has hot flashes now, and the cheeks are red, while the hands are cold and moist; not much appetite; is fond of coffee, but can't drink it; easily affected by the cool air; vertigo, with blindness when walking. Nux every three hours one day, and Bry. the next.

Several doctors have examined this woman and treated her, and said she had disease of the lungs. There is dulness on percussion in the left chest, especially the upper third, and respiratory murmur is weak, but no cough, and no sweat, and no heat, only partial on one side or in flashes, and these last commence in the stomach. And yet for three weeks has had a regular chill, every forenoon, of three or four hours, with various back, head, chest, and heart symptoms. And first there are most likely tubercles in the lungs, but no one can safely assert that of any lung till he has actually cut into it with a knife. There is pain and lameness through both hypochondria, but that is, no doubt, a chest symptom, and every chest symptom is reflex, spinal, or rheumatic, and muscular, through the pneumogastric, and phrenic, and intercostal nerves. There is no evidence of functional disorder of the liver, except constipation, which is negative; and there is no hyperæmia of the liver or spleen, for there is no cough. The only

sympathetic symptoms are the headache and flashes of heat. There is something in this singular alternation of cold and heat not easily explained on any chemical theory, and quite as inexplicable from any change in the blood through aeration, or by the old theory of an independent principle of heat, or phlogiston. No theory but a nervous or dynamic one can explain, "when one side burns, the other will be colder than before," and "one foot and hand cold, the other foot and hand hot," and *vice versa*. And even this explanation is defective without adding the theory of correlation of forces.

Perhaps some of the heart and chest symptoms may depend upon disorder of the cardiac plexus, and the stomach symptoms, no doubt, depend upon disorder of the solar, as they are persistent, but the malarious spinal disorder is behind all, and if removed all disappear. If so, a spinal irritant should cure. And *Nux* seems to have done so, as it should. *Bry.* was not necessary.

**CASE 203.**—May 27, 2 P.M. Mary J., 24. (1518.) Paroxysm of ague every day, one day hard, the next light; the last in the morning; the first in the afternoon, when she has a shake; the other is a mere chill; has pain all over for an hour before the chill, but worst in the back and head; thirsty before and in the chill, with pain all over, and nausea, and hot skin, but cold hands and feet; eyes weak, and obscuration of sight; dyspnoea; hot cheeks; most pain in the back, knees, and head; weak feeling in the abdomen; hollow sensation at pit of the stomach; yawning and stretching; in the heat, after the chill, vomiting, headache, and all the pains of the chill aggravated; very thirsty; no sweat; feels weak and faint all through the apyrexia; eyes very weak yesterday morning, and could hardly see; chill without heat; lips and nose sore, and painful; eyes were sore before she had the ague; almost well since; chills two weeks. *Natr. m.* and *Ars. 6* every three hours.

Here we have what is seldom seen—a double tertian. The disorder is mainly spinal. The pains preceding the chill, with thirst and disorder of the excitomotor system, hence the yawning and stretching, and, perhaps, the dyspnoea and gastric symptoms. All the symptoms are aggravated in the heat, and the nausea becomes vomiting. The solar plexus is most likely the source of the sympathetic disorder. There is only a slight chill, with some pain and thirst without heat, in the morning paroxysm. Now these two kinds of paroxysms have run along for two weeks, distinct and separate, with little change, and can they be treated successfully by one and the same medicine? Does this difference of time and symptoms depend upon the condition of the organism, or upon some peculiarity of the malaria, or upon two kinds of malaria? If the latter position is true, then the same or different kinds of malaria acting upon different parts of the organism, or upon the same part, produce differing effects, like any other poison. And if the former, then the organism has multiple periodicities in

general, or a special periodicity for each part; and in any case the assumption is warranted that there are differing malarious poisons acting in distinct portions of the organism, which is, no doubt, true. And it follows that each must act differently on each portion of the organism. And it would not surprise me if there were some day discovered, as many malarious poisons as there are vegetable forms where the malaria originates. One malarious poison may have a periodicity of forty-eight hours independent of any periodicity of the organism; another of forty-eight hours, and occur at 7 P.M., and the one may have only spinal symptoms, and cause gastric or lung symptoms through the pneumogastric nerve, like *Nux*, while the other affects only the sympathetic system, as the solar, hepatic, or mesenteric plexuses, and cause direct gastric and abdominal symptoms, like *Arsenicum*; and both might move along separate and distinct, one on one day, and the other on the next, for days, or even weeks, with little or no interference. But if one had a period of seventy-two hours there would soon be interference, or if one or both occurred on the same day like the present case. And, no doubt, many of the mixed agues may be double, and even triple at first, rather than irregular. The condition of the organism too has much to do with the development of a malarious poison. What in a person in ordinary health would develop a perfectly regular chill, and heat, and sweat, with, perhaps, thirst in the heat, might, where the lungs were predisposed to disease, cause very grave chest symptoms, as pain, dyspnoea, cough, and even bloody expectoration, and so of the brain, stomach, liver, bowels, &c.

We have seen that the symptoms here are predominantly spinal, and a spinal irritant is required. *Natr. m.* and *Ars.* seem to have cured, and probably did, as the first acts specifically on the spine, but I find that the prescription was renewed two days after, and it was several days before she was well. There is no record of the precise time, only she took no other medicine. *Nux* or *Ignat.* would be much better with the *Ars.*

CASE 204.—May 28, 6 P.M. George D., 26. German. (1520.) Typhoid intermittent. Was not well yesterday; thirsty all day, with sensation of weakness all over, even in the bones; very violent pain through the forehead; a cutting pain; some thirst; hot skin, with sweat all day; feels very hot; pain in the right elbow on motion; has been digging in a cellar and not used to it, being a shoemaker; tongue coated; breath offensive; tongue tremulous; one time to-day was hungry; no appetite now; throbbing of the arteries; at 1 P.M. wanted to be covered up; thought he would be chilly; then he wanted to eat; the skin was hot, and sweaty; got out of bed and went to the door, and felt very sick and had to go back to bed again; not much thirst to-day; sweat smells musty; sleepy; stomach feels as if there was something hard in it. *Op.* and *Rhus* every two hours.

6.30 P.M. Is stretching and yawning.

This man has been getting sick several days, but has precipitated the coming attack by overwork. Nux and Ars. or Bry. and Ars. are before Op. and Rhus here. The malaria is acting on the posterior spinal column and brain, and but for the transfer of the action to the glandular system and sweat he might have had a hard shake, or perhaps spasms. There is disorder of the upper sympathetic and hyperesthesia of the pneumogastric and fifth nerves, hence the thirst and hunger with the heat, and sweat instead of nausea and vomiting, and dyspnoea. There was finally an attempt at a distinct chill, but the disorder passed to the excito-motor system and ended in stretching and yawning. In a child it would have been a convulsion. Both Opium and Rhus have hot sweat, and so has Phos., Merc., Stram., and others.

May 29, 10 A.M. Better. Cont.

May 30, 9 A.M. Chill from 6 A.M. to 8.30 A.M., with hot skin, yawning and stretching, thirst, and headache; crampy sensation in the legs; wants to be drawing them up all the time; in the heat, after the chill, aching all over; headache; nausea; dry skin; burning heat. Ipec. every hour.

5 P.M. Sweaty; skin warm; no appetite; sweat stinks; began to sweat at noon; no pain, except in the head. Capsicum every two hours.

Here we have more disorder of the posterior spinal column and the excito-motor system, and almost spasms in the calves, and the hunger and thirst have passed away with the hyperesthesia and increasing disorder of the pneumogastric and fifth nerves. Nux and Merc. or Ignat. and Ars.<sup>20</sup> are the remedies; Ipec. is not half-way, and Caps. is less.

May 31, 8 A.M. Stitching in the chest; feels well enough otherwise. Cont.

And so the medicine is continued. Nux and Merc. or Ignat. and Ars. better.

June 1, 8 A.M. Chill at 5 P.M. yesterday, two hours long, without thirst; heat all night after, with great thirst and headache ever since. Eupat.<sup>1</sup> every two hours.

6 P.M. No chill; skin moist; at 1 P.M. had the nose-bleed two or three hours and not much headache since. Ars.<sup>20</sup> 6 glob. and cont. Eupat.

Why Eupatorium is given I can't say; there are hardly enough gastric symptoms or bone pains for it. I think that there would have been a chill to-day but for the nose-bleed. This man, till within a few months, has been a hard drinker, and he should have Nux and Ars., else the spinal symptoms will soon take the lead.

June 2, 6 P.M. At 2.30 A.M. began to shake all over, with slight chilliness in paroxysm; the chilliness with thirst preceded the shake; shook an hour, with increase of thirst; fingers and hands white, but nails blue; not much headache; immediately after, vomited all he ate in the morning; skin is now very hot and dry, with great thirst; slight nausea; tongue moist and nearly clean; pain darting across the forehead; stomach sometimes feels as if something hard was in it. Nux every three hours.

This is right, but better if alternated with Merc. Natr. m. would cure this case, probably; Nux alone is not likely to do it.

June 4, 7 P.M. No more chills; has had the nose-bleed several times; subject to it. China every two hours.

Better have continued Nux and given with it Ars.<sup>20</sup> two or three times a day.

June 19, 7 A.M. Has been well and about his work; at noon yesterday had a chill, and heat after, all the evening; not much appetite this morning; is about his work, but pale; no pain. Nux 6 every two hours.

There was no more complaint after this.

CASE 205.—June 4, 12 M. Mrs. Anson B. 38. (1530.) Been complaining of cold chills and heat after for a week, but didn't sweat till yesterday; to-day she sweats if she moves at all to do anything; in the chill has pain all over, in every part; great anguish; worst in the afternoon; is up and about the house in the forenoon; some appetite, but variable; cold applications help her headache, which is not violent; chills with the heat most of the time; the heat is burning; heat in the shoulders. Ars. every three hours.

Here the chills predominate, continuing through the heat, though the skin is burning hot. The symptoms may all be found in Ars. The woman is of a lymphatic temperament and low vitality, and very little mental power, hardly enough to keep her in motion, and probably Ars. will cure. It would be safer to give Nux, however. Ars. cured.

CASE 206.—June 10, 6 P.M. Mary D., 4. (1534.) Typhoid fever. Has had fever; has a diarrhoea now; had an eruption

of large blotches come out yesterday; one of them was a pustule, and looked like kine-pox; it soon filled and broke; too much heat now; has had a craving appetite; stools are slimy, brownish, and greenish; pain across the abdomen; three or four stools a day; most heat in the night; black scabs on the lips; weak and irritable; sweat after the heat; most about the head; tongue red, with a brownish coat in the centre. Ars. and Rhus every two hours.

The family don't know how long she has had fever, or if she has had chills. The symptoms are all sympathetic so far as can be ascertained. Rhus and Ars. cured in three or four days, more or less; no other medicine was given.

CASE 207.—June 15, 3 P.M. Mrs. Orson V. B., 26. (1541.)

Paroxysm of ague every other day for two weeks, anticipating from two to four hours each time; began at 4 P.M. and had slight chills with heat till 8 P.M.; after a few days it came on in the morning; day before yesterday felt very well till 4 P.M., when she became quite unable to sit up; been thirsty, but couldn't drink, cold water bloated her so; makes her stomach, back, and belly ache; drinks only warm drinks, even on her well days; in the paroxysm there are headache, yawning and stretching, bitter taste, and yellow coat on the tongue; as for the chill, first got a little chilly, then shook, and fingers got numb and purple, and had toothache; gets warm soon, but continues to shake, with red face and hot skin; thirst; pain in the bones; the chill lasts but a few minutes, and has yawning and stretching, with difficult breathing; pain in the stomach; some cough and expectoration; pain all over; back worst; last week had vomiting in the heat, and some pains, as in the chill, with shaking; pain in the back so bad she can hardly lie still; burning of the palms and soles; wants to lie naked on the bed, the weather is so hot and she is so hot; wants to drink all the time; face red; the skin is literally burning hot, like the heat of scarlet fever; can't sit up at all; can hardly breathe; great anguish; bitter taste; no sweat, or only long after the heat, ten or twelve hours; heat lasts three or four hours; food don't taste good, but can eat almost any time except when she has just been eating; six months pregnant; has headache now and is very hungry; face pale, but cheeks purplish-red; hands white;

dyspnœa; feels tired to death: heavy, dull aching in the teeth; pain all over last night, as if she had the rheumatism, but most in the arms; constant empty eructations; can't drink water, it tastes so flat; can't swallow it, and if she does it makes her stomach ache; vertigo after the heat; has had the chill at all hours of the day, except between 5 P.M. and 9 P.M.; chill began at 1 P.M. to-day; face is yellow; pain in the limbs; her head and teeth have been paining her the last two hours, but is better of it now; pain in the small of the back; nails blue and hands yellow; face shiny; great distress; seems as if she was freezing; face and hands cold; respiration very rapid and irregular. Nux 6 glob.

4.15 P.M. Is warmer, but still shivers; thirsty but can't drink. Nux every two hours.

This is a somewhat singular case of anticipating ague, where the chill, in two weeks, went backward twenty-four hours and fell on the alternate day, once skipping over four hours, from 9 P.M. back to 4 P.M. Day before yesterday it went back to 4 P.M., where it first commenced. The spinal, and especially excitomotor symptoms have been predominant; the stretching, and yawning, and shivering, and shaking running into and even through the heat, and the irritation was extended to the pneumogastric, phrenic, and fifth nerves, hence the gastric and chest symptoms, and hunger, and thirst, and bitter taste, and pain in the teeth. The posterior spinal column is most disordered, and next the solar and hepatic plexuses, and the upper sympathetic generally. Still there are but few sympathetic symptoms, and perhaps they are in part reflex. Even the gastric symptoms may be in part reflex ovarian, as she is six months along; hence the empty eructations and intolerance of cold water. Perhaps the toothache and hunger all the time are also reflex uterine. Were there no other symptoms they would be attributed without hesitation to the uterine irritation. But the fact most worthy of notice here is that there is no chill between 5 P.M. and 9 P.M. And I find that a chill commencing at any time between 5 P.M. and 9 P.M. is of rare occurrence, while they occur most frequently between 9 A.M. and 5 P.M. Probably there is a physiological reason for this in the well-known increase of normal heat at that time. Is the sympathetic system more liable to disorder or increase of function then? If so, why? Or what persons and what occupations are most liable to chills in the morning, and what in the afternoon? Nux is given; should be Nux<sup>30</sup> and Ars.<sup>30</sup> or Puls.<sup>30</sup>.

June 16, 7 P.M. Sweat all the afternoon yesterday, and some to-day; feels weak. Cont.

June 17, 7 P.M. Dull headache and toothache in the night; before the chill came on her head felt sore like a boil; not as much pain and distress; chill came on at 10 A.M.; appetite

better; numbness of the ends of the fingers. Lach.<sup>9</sup> and Nux every two hours.

The soreness of the scalp here means disorder of the posterior column acting in a rheumatic diathesis, and the numbness of the fingers is also a spinal symptom. Nux<sup>20</sup> and Puls.<sup>20</sup> are the remedies.

June 18, 5 P.M. Chilly at 2 P.M., and heat after, with headache and toothache, and pain in the whole side of the face through the paroxysm. Cont.

Here the chill occurs on the alternate days, and is postponed four hours; or is this an independent disorder from another irritation acting on the cerebral nerves? Is it from reflex uterine irritation?

June 19, 5 P.M. Chill to-day at 10 A.M.; backache and vomiting before the chill, with thirst; thirsty, and shook in the chill, with pain in the back and dyspncea; almost suffocated; seemed to start at the pit of the stomach; lasted an hour; same symptoms in the heat, which lasted three or four hours, when she sweat; don't remember well to-day; back aches now. Puls.<sup>20</sup> Ars.<sup>20</sup> every two hours.

The symptoms are mostly spinal, and Ignat. and Puls.<sup>20</sup>, or Nux and Ars.<sup>20</sup>, are better. It is singular that such of the original symptoms as are lacking here, to wit, "toothache, and pain in the head and face," are to be found in the paroxysm yesterday, and it will be noticed that the chill to-day began at the same hour as day before yesterday.

June 20, 6 P.M. Better. Seems improving; some sweat, with thirst. Cont.

June 21, 10 A.M. Rested well last night; no chill yet to-day. Cont.

June 22, 7 P.M. Chill at 11 A.M. yesterday, and great heat after; chill to-day, at 2 P.M.; thirst in the chill, and heat, as usual; dyspncea; bitter and coppery taste; no appetite. Natr. m. and Ars. every two hours.

Did the "bitter, coppery taste," take the place of the toothache? I think this medicine should not be changed, or if it is, Nux<sup>20</sup> and Puls.<sup>20</sup> are the best.

June 23, 7 P.M. Some appetite this morning, but didn't eat much; constant empty eructations after drinking; some pain in the back and limbs since 12 M., but no thirst; at 1 P.M. had a very slight chill for an hour, when the heat came on and still

continues; no shake, and breathing is much better; constant spitting of frothy mucus; anguish and dyspnea in the heat; sweat before the chill, and in the heat. Cont.

The chill is postponed to 1 P.M., two hours. All the symptoms are much modified. Probably all the gastric symptoms are reflex from the pelvis, and Nux<sup>20</sup> and Puls.<sup>20</sup> should be given every three hours.

June 24, 10 A.M. Feels better this morning; slept well. Ars.<sup>24</sup>  
1 gr. every two hours.

Should be Nux<sup>20</sup> and Puls.<sup>20</sup>.

June 25, 10 A.M. Appetite good; no pain; a good deal better yesterday and to-day; slight chill yesterday afternoon; feels quite well. Cont. every four hours.

June 26, 9 A.M. Chill at 2 P.M. yesterday; not much pain, and was followed by heat and headache; less dyspnea and thirst; some appetite after, and sweat; has some appetite this morning, but food tastes like chips; some nausea this morning; in the chill there was stretching and yawning, and thirst, with blue nails, and hands and feet were cold and numb, while in the heat they are hot and burn; constipation. Nux every two hours.

And here the mistake is again made in giving a single spinal irritant, when the heat is so considerable, and has symptoms of its own; and it was a greater mistake to leave the case to a single sympathetic irritant two days, when the spinal symptoms were predominant. Natr. mur. would do well; but China and Puls.<sup>20</sup>, or Nux<sup>20</sup> and Natr. mur.<sup>20</sup>, or Ignat. and Ars.<sup>20</sup> are much better.

June 27, 8.30 A.M. Had a chill at 2.15 P.M. yesterday; thirst before and in the chill; nails blue; bones and back ache; darting pains; sweat last night; sweat yesterday in the heat, and since, more or less. Strych.<sup>2</sup> 1 gr. every two hours.

The disorder is in the posterior column, not the anterior, and Strych. is not indicated. There is not even an excito-motor symptom. China and Puls.<sup>20</sup> would do.

July 2, 9 A.M. Short chill yesterday; heat for two hours after, and sweat all the time, only when the chill was on; pain in the bones before and after the chill; some appetite at noon, and after the heat, at night; appetite good. Cont.

July 5, 9 A.M. No chill since the 1st, but slight heat to-day;

pain in the bones and back, and frequent empty eructations. *Nux<sup>30</sup>* every three hours.

And here, when there had been no chill for a week, a spinal irritant is given alone, when there is manifest disorder of the upper sympathetic system. It should be *Nux<sup>30</sup>* and *Ars.<sup>30</sup>* every four hours.

July 8, 7 A.M. Heat in the afternoon; sweats when she sleeps; some pain in the limbs; vomited. *Staphisagria* every three hours.

*Staph.* has a long name, and no other virtue here. The symptoms are mostly reflex from the pelvis, and *Nux<sup>30</sup>*, *Puls.<sup>30</sup>*, *Ars.<sup>30</sup>*, and *Creasote<sup>6</sup>*, are sufficient.

July 9, 7 P.M. Chill, heat, and sweat this afternoon; has had heat and sweat every other afternoon, with nausea, but good appetite. *Strych.<sup>3t</sup>* 1 gr. every three hours, one day; and *Ars.<sup>3t</sup>* next, &c.

And so ended a struggle of more than three weeks, that should have been cut down to one, though the gastric symptoms would have continued much longer.

CASE 208.—June 20, 4 P.M. Mrs. Sylvester T., 37. (1545.) Had pain in the lungs and dyspnœa, followed yesterday by chills and heat together; chilly if she moves the clothes off her, and yet is so hot she can hardly bear them on; has been so almost all the time for thirty-six hours; face red now and some sweat; has had the ague a great deal, and taken any quantity of Quinine; lungs are weak; can't sing; is discouraged; wants to die; don't take any medicine now to get well, only to please the family; pain in the back, limbs, lungs, throat, and head; can't bear to have a single door open; not much thirst; no appetite for a long time; chill, heat, and sweat together; thinks she has consumption. *Puls.* every two hours.

June 22, 10 A.M. Wishes she was dead; no more chills; pain in the bones of the left arm; dull aching, also sharp pains behind the sternum, and through left chest into the shoulder; don't want any medicine; says it will do no good; disgusted with life; everything is vanity; her room is better than her company; she is only good to fill up space; don't want to live; don't take any interest in living; bubbling sensation in the shoulder, and down the left arm to the fingers; has run down to the feet; describes it as a sort of vibration, or light tapping,

as with the edge of a knife moving down with incredible rapidity. The taps seem to be about one-eighth to one-fourth of an inch apart, and half a dozen a second. She is a spiritualist, but not a medium. Ars. every three hours.

June 23, 5 P.M. Better; is willing to take the medicine; wants to get well. Cont.

This woman is very much attached to her children and is inconsolable for the loss of a favorite daughter, who died the 28th of last August, although she is a spiritualist and professes to believe that the dead are much better off than the living. She thinks that when she dies she shall see her daughter again, and also one she lost before, and not only so, but that she will be able to communicate with the living and aid them as much as she can now. Says she don't want to live; thinks she has the fullest evidence of the presence of her two dead children now, in the tapping she has upon her arms and body; says it is as distinct as if one should strike with the sharp edge of a knife lightly and rapidly along at the very short spaces she describes. Has also often heard similar tappings all about the house, but more especially in the night about the headboard of the bedstead. The sound is quite unlike anything she ever heard before, unless it is the tapping she has sometimes heard when a spiritual medium has been present. Has been having pain in the lungs and dyspnoea without any apparent cause for some time, and yesterday was taken with chills; so chilly, she couldn't bear to have the clothes off, and yet so hot she could hardly have them on, and after being so twenty-four hours just begins to sweat. Has been subject to ague fifteen years or more, and always broken it with Quinine. Won't take any more; is in pain all over, everywhere. No doubt the Quinine irritation has much to do with the irregularity of the symptoms and protracting the chilliness through thirty-six hours and more. In 1831 I took 60 grains of Quinine for a double quotidian, at the beginning of the heat, and had no more chills till 1834, when I was seized, without any premonition, with a chill thirty-six hours long, followed by heat forty-eight hours, and sweat a long time after, and then had night sweats. Had no more chills in twelve years; but have never got over the ringing, whizzing, buzzing, and roaring in my head. The malaria in this case has been acting from the sympathetic and spinal systems, and through the pneumogastric nerve on the respiratory apparatus. There is no structural disease of the lungs. The dyspnoea is muscular and depends on reflex irritation. It took a long time to develop a chill, as the spinal disorder was spent upon the excito-motor system of the chest. Puls. is no doubt the best single remedy for this condition, but to prevent another chill, or at least spinal symptoms, Ignat. should be alternated. Puls.<sup>3</sup> and Puls.<sup>30</sup> is better than Puls.<sup>3</sup> alone. But Puls. is given, and two days after there had been no more chill, and all the symptoms are cerebro-spinal; not a chest symptom remains; but she has the peculiar tapping sensation. I don't know what that is; she says it is the spirits of her children, or of somebody else. I think, however, that Ignat.<sup>3</sup> would have laid them in the Red Sea. But that is a mere opinion; it was not tried, as it should have been. I am aware that it has no such symptom in its pathogenesis; the more's the pity, and I am not aware that it can be found in the proving of any drug; but I must have some further

evidence before I admit that such a disorder is not amenable to the curative irritation of some drug, even if it is caused by a spirit, and purely mechanical. Admit that it is the tap of a spirit, what matters? It is claimed by spiritualists that the organism must be in a peculiar and specific condition to be appreciably affected by such spiritual influences; if so, why should not drug disorder or irritation change such favorable psychological condition to one unfavorable? If spirits are at the trouble of tapping on this woman, and drugs will place her in such a psychological or pathological condition that she cannot perceive, why give her the drug and let them tap. It can't hurt her, if she don't perceive it. So, if we admit all that the spiritualist claims, medication is eminently called for. Ars. is now given alone, but Puls. should be continued with it. Ignat. and Puls.<sup>20</sup> or Nux and Ars. are good prescriptions. The next day she wants to get well, and is more anxious to live for the benefit of the living than die for the benefit of the dead. There were no more chills.

**CASE 209.**—June 26, 8 A.M. Harvey S., 61. (1557.) Every other day, just before noon, has pain in the bones and a sick, deathlike feeling all over; pain in the back and hips; appetite good; bowels regular. Ars. 6 every six hours.

Here the malaria is acting on the posterior spinal column, but not so as to cause a chill. The deathlike feeling may be a sympathetic symptom, from disorder of the solar plexus, in place of heat. Ars. cured it, though ordinarily the good appetite would contraindicate it.

**CASE 210.**—June 26, 7 P.M. Luther D., 31. (1561.) Not felt well for several days; dull and stupid; no appetite; nausea; ate no breakfast this morning; sticky sweat, with musty, herby smell; no pain; tongue coated; sweet, sickish taste; weak; no strength; teeth coated with a kind of slimy matter; pressure at the pit of the stomach; no chill nor heat; constipation; no thirst. Nux every two hours.

Here we have malarious disorder of the hepatic plexus and, more or less, of the sympathetic system, and Nux is given, when it should be Nux and Arsenicum, or China and Merc., or Nux and Merc.

June 27, 6 P.M. Slept well; weak and faint; slight perspiration and greasy-looking skin, with herby smell; slight chill this morning; face very red, with a sort of yellowish tinge; tongue coated white, and dry in the middle. Merc. and Nux every two hours.

Was about his business two days after.

CASE 211.—July 8, 7 P.M. Mrs. Eleanor P., 60. (1575.) Headache all over; no appetite; heat almost all the time; thirsty; drinks considerable; pain in the bones and legs; nausea; chill this morning, and also yesterday morning; sweat a great deal last night; can't eat with any relish. Ars. every three hours.

In this case the malarious disorder is in the sympathetic and posterior spinal systems. Eight weeks ago had a similar attack and took Emet. tart., and only a week or so before had a like attack and took Ars. Now, as there is a distinct chill, although the heat is almost continuous, she should have both a spinal and sympathetic irritant; and the paroxysms will be sure to recur until she does. China and Ars. are the remedies.

CASE 212.—July 10, 7 P.M. Willie D., 3½. (1577.) Day before yesterday, yawning and stretching, and heat after, and then sweat till morning; had hard breathing to-day in the chill; nausea before; hunger all the time; some heat. Cina.<sup>6</sup> every two hours.

The symptoms here seem to be principally excito-motor. The nausea is merely a reflex spinal symptom, and so of the hunger and dyspnoea. Ignat. should cure this case in an adult; Cina will in a child.

CASE 213.—Aug. 1, 10 A.M. Maria N., 4. (1605.) Typhoid intermittent. Great heat and sore all over; been sick three days, and can't be handled; constipation; vomits when she takes medicines; skin moist and burning hot; fetid sweat; very thirsty; delirium; fauces red; tongue coated; least heat in the morning; quiet when let alone. Nux every two hours.

Aug. 2, 2 P.M. Better; wanted to eat some to-day. Cont.

Aug. 3, 5 P.M. Had a chill to-day, from 11 A.M. to 2.30 P.M.; skin blue and sore all over; heat after, but no sweat yet; very thirsty; no stool; quiet; had no appetite this morning. Cont.

The disorder is in the posterior spinal column first, hence the soreness all over, and extends to the brain; hence the delirium: and next in the sympathetic system, and especially the hepatic plexus; hence the stinking sweat and persistent heat. Nux and Merc. would have cured this case much sooner. Puls. and Merc. are still better.

CASE 214.—August 1, 10 A.M. Nancy N., 7. (1606.) Some heat and sore all over; sick five days, two days longer than her sister (213); hurts her to be touched; no stool; vomits all she swallows; skin sometimes moist; not very hot; musty sweat;

thirst; delirium; don't eat anything; peevish. Cham. every two hours.

Aug. 2, 1 P.M. Chill at 1 P.M., and great heat after, with thirst; has been worse, and better every other day; very sore, and can't be handled; was allowed to eat some raw beef this morning. Nux every two hours.

Aug. 3, 5 P.M. Had a chill, and shook at 1 P.M.; lasted till 2.30 P.M.; skin was blue, and was sore all over; more heat; no sweat, but the skin has been moist since the chill; some thirst; no stool. Cont.

This case almost duplicates the last, and both are lying sick in the same room. This one has sweat less, been sick longer, and had more chill. Cham. is given, a reflex cerebro-sympathetic irritant, when both a spinal and sympathetic are required. The soreness is from disorder of the posterior spinal column, and Puls. is most homœopathic. And Puls. and Ars., or Puls. and Merc. are the remedies.

There is in both these cases probably a rheumatic diathesis to contend with, and hence the soreness. The grandparents on one side and the mother are subject to rheumatism. It is somewhat singular that these cases should be so nearly alike, and that the chill on the 8d should commence at the same instant in both, and also end at the same time. This might be attributed to sympathy, as they were lying in the same bed, but the day before they were lying in the same way, at the same hour, and only one had a chill while the other was hungry and wanted her dinner. Nux as a general spinal irritant seems to have cured both.

CASE 215. Aug. 11, 12 m. Ann H., 22. (1616.) Taken a week ago with pain in the side and stomach, and chills, and pain in the bones, and all over; cramped after drinking some cold water; it seemed to affect the pit of the stomach, and take away her breath; had three paroxysms that day; has chill every day at 10.30 A.M., which lasts half an hour, with pain in the back, and limbs, and all over; in the heat no thirst now, but had at first; pain in the bones and right side; face red; pain in the head all the time; heat lasts four hours, and sweats after; no appetite; sleeps well; heat in the chill, and chilly in the heat; nausea in the heat, and after. Ars. every two hours.

This young woman has dysmenorrhœa and menses always profuse, and have now been on a week; has had a great deal of ague and taken quantities of Quinine and Calomel, and been salivated lately. Sometimes comes near having convulsions during the period of the menses. One week ago the chills came on, and she had three distinct ones in a single day, with pain all over, and spasm of

the stomach, or, perhaps, the diaphragm, as she almost suffocated. Has had a chill every day since, and though the heat and chills are mixed, there are quite too many and distinct spinal symptoms for Ars. alone. It needs an excito-motor spinal irritant, and Ignat. will do as well as any. There is so much reflex irritation from the ovaries, that Puls. would do better than Ars.; and I would give Puls.<sup>20</sup> and Ignat.

Aug. 12, 12 m. Feet cold, and she sweats while sitting by the hot stove; felt chilly, and was thirsty when she sat down at 10.30 A.M., and had pain in the head, bones, and bowels; at 11 heat came on, and pains continued, and now is sweating; bad, bitter taste; pain in the side now, and bad feeling in the stomach; pain between the shoulders; menses still continue, and are painful; the discharge is dark, almost black, and thin, and sometimes there are coagula; they always affect her head, and usually commence with bloody stools; cold feet and legs; discharge of lumps like hard jelly, colored with blood, and then the menstrual discharge comes on, with constant urging in the rectum and bladder, with smarting, and burning, and bursting there for half a day; the last three times has had distressed spells; aching and coldness in all the limbs, with great distress at the stomach, and dyspnoea, and cold, blue hands and arms; the circulation seems stopped; the last interval was only two weeks; two years ago it was three weeks, and very profuse; has taken Blue Pills and Seidlitz powders, and been salivated lately; skin is generally hot, and drinks a great deal; generally craves sour things; no appetite now, and generally it is variable; pricking as of pins in the hands, and arms, and feet; taken a great deal of Quinine; has rush of blood to the head, with dizziness and blindness; sensation in the ears, as of water falling from the eaves; nausea in the apyrexia; brown spots on the forehead and neck; sometimes they become as red as fire. Ars. every two hours.

The symptoms are so mixed here that one scarcely knows which are malarious, which menstrual, which drug. We may say, in brief, that the heat and chill, and accompanying pains, are malarious. The head symptoms are from Quinine; the bone pains, and disorder of the rectum, and pain in bladder and stomach, are from the Mercury, and the menstrual disorder aggravates the whole. Ignat.<sup>2</sup> and Puls.<sup>20</sup> are the medicines.

Aug. 14, 2.30 P.M. Sweats a good deal; some chill, but it comes later; less pain; feels better, and is better every way;

feet not cold much; some of the spots on the forehead to-day are fiery red, and itch and burn; first appeared over the stomach; no chills. Puls. every three hours.

Should be Puls.<sup>so</sup> with Nit. ac.?

Aug. 16, 10 A.M. Better every way; no heat. Cont.

Aug. 19, 1 P.M. Better. Cont.

Aug. 26, 11.30 A.M. Taken with chills last Sunday, six days ago; took a walk, and brought them on; menses came on Tuesday after, but symptoms were not as bad as usual; has had a chill every day since, at 9 A.M.; no diarrhoea; stomach is better; been able to drink water; not much color the first two days, but there is more now; itching and smarting of the spots on her neck. Phos. and Puls. every three hours.

Ars. and Puls.<sup>so</sup> should be given. Why Phos. is given I don't know.

Aug. 27, 12.30 P.M. Very slight chill this morning; no heat after; at 12 M. took a drink of water, and was seized with a cramp in the stomach, and then the face became red, and she went into a convulsion. Bell. and Nux every two hours.

Had there been heat this had not happened. Ignat.<sup>2</sup> and Puls.<sup>so</sup> should be given. The spasm is reflex, from the irritation of the stomach, and not centric disorder of the brain, and so Bell. is out of place.

Aug. 28, 11 A.M. Had two more spells of cramping yesterday afternoon; was chilly at 8 A.M.; face now red; no heat; just had a cramping spell; had pain and rumbling in the abdomen all night; two hard stools this morning; some pain in the stomach now; whirling sensation now; before the cramping spells has a sensation of tightness and oppression in the chest. Merc. and Veratr. every two hours.

So we have chills every morning, but no heat after, but in place we have just now a cramping spell, preceded by slight spasms of the respiratory muscles, identifying the pneumogastric and phrenic nerves as chief agents in the disorder of the stomach now.

Merc. and Veratr. are entirely out of place. If any change is made it should be Ignat. and Puls.<sup>so</sup>.

Aug. 29, 1 P.M. No more spasms; no chill to-day; feels very well; rested well last night; appetite better. Cont.

Aug. 30, 1.30 P.M. Better. Wants to eat all the time; been riding out; sweats a great deal. Cont.

Aug. 31, 5 P.M. Slight pain in the sides and in the bones; good appetite. Cont. another day, and then Puls. every six hours.

There are symptoms of chills again. Should be Nux and Puls.

Sept. 6, 5 P.M. Better. Constipation. Nux<sup>6</sup> every morning, Puls.<sup>30</sup> every six hours.

Sept. 13. Chills the last three days; didn't take her medicine long; chill is at 10 A.M.; previous to the first chill went out to walk, and had bones ache, and then chill, with yawning and stretching, and vomiting, and pain in the bones, and pain in the ends of the fingers and toes during the paroxysm; cold hands and feet, and spasms; was chilly in the heat if the bed-clothes were moved; so every day. Ars. every two hours.

Ars. will not answer here. Nux, or Ignat. and Ars., would answer, or Nux and Puls.

Sept. 15, 9.15 A.M. No chill yesterday; not much appetite; none this morning; chill is just coming on, and is cold all over, and shakes, and can't lie still; bones ache, and have all the morning; pain in the head; nausea; nausea yesterday, and hurt to press on the stomach, and does now; no thirst; weeps and cries like a child; vomiting of mucus last night; constipation; some loose cough; wants the bed-clothes tucked close around her; feet and hands cold, and face hot.

11 A.M. Chill came on at 9.30 A.M., and lasted an hour, and as it went off there was oppression of the breathing, and heat and chills, together with thirst. Cont.

Chill and heat are together after a distinct chill. Nux and Ars. are the medicines; Puls. and Ignat. would do.

Sept. 16, 10 A.M. Has had a slight chill, but no cramps; some sweat last night; some appetite; was restless all night. Cont.

Sept. 17, 1 P.M. Chill at 9 A.M. very light; heat after; both lasted two hours; no sweat; tongue coated; menses to-day; no appetite; wanted something sour; craved wild grape jelly and water. Cont.

Sept. 18, 2 P.M. Appetite good enough; no chill; pain in the left hypochondria, a steady aching; throat sore, and hurts to swallow; prickles and burns. Ars. and Caps. every two hours.

This last symptom means that the mucous membrane of the mouth and throat is being divested of its epithelium. If so, the condition, most likely, depends upon disorder of the ovaries, as it is very common in some women for the mouth to be sore during menstruation. A cup of strong coffee, two or three times a day, will, in some cases, prevent this. The pain in the left side has more significance, and means disorder of the spleen. Ars. has done something, at least, in developing this disorder, if nothing more; but where the spinal symptoms were so largely in excess, Nux should have been given with it. Perhaps that is the best prescription now, but I would give Nux and Merc. jod.<sup>st</sup> 1 gr. every four hours.

Sept. 19, 10 A.M. Very slight chill to-day; heat after; lasted only a few minutes; ate a good breakfast this morning; throat sore; some pain in the left side; colic after eating. Ars. and Caust. every two hours.

This change is for the worse. Caps. is better; should be Nux and Merc.

Sept. 21, 5 P.M. Chill and heat, and the usual symptoms at 8 A.M. yesterday, and again to-day. Cont.

Sept. 22, 3 P.M. Chilly at 8 A.M. to-day, and has had heat with chills ever since, and at 9 A.M. had a convulsion; skin is now cool, but she complains of internal heat; nausea in the chill; pain in the head and left side; face flushed and lips very red; pains of the chill continue in the heat; no thirst; the nausea is aggravated by motion. Eupat. and Ars. every two hours.

Eupatorium can do little here. There are too few gastric symptoms. It seems as if the right medicine might be taken, if only by mistake. Nux and Ars., Nux and Puls., Nux and Ipec., or Ignat. and Merc. would do, and yet but one is thought of, and that a sympathetic irritant, when, if but one is used, it should be a spinal.

Sept. 23, 12 M. Slight chill this morning and some heat after, but no spasm; had pain in the stomach and nausea, but some appetite. Cont. Eupat. and Ars.<sup>2t</sup>, 2 grs. every two hours.

Very little will be gained by giving a more appreciable dose of Ars.; I would sooner have given Ars.<sup>20</sup>, as it would be more likely to reach the spleen and ovaries, which are persistent sources of local irritation. Nux and Merc.<sup>20</sup>, or Ars.<sup>20</sup>, should be given.

Sept. 25, 6 P.M. No chill nor heat to-day; has not felt as well in three months. **Ars.<sup>st</sup>**, 1 gr. every night.

So she feels well and thinks she will have no more chills, but only the persistent use of a spinal and a sympathetic irritant, both of which, if possible, should act on the ovaries and spleen, will prevent. **Nux** and **Merc.**, **Nux** and **Ars.**, **Ignat.** and **Puls.**, and perhaps **Nux** and **Cauloph.** will do.

Sept. 29, 9 A.M. Chills the last four days, at 10 A.M.; first cold, chilly, with yawning and stretching; nails blue; pain in the bones; no thirst; headache; nausea; in the heat, pain in the bones, and in the left side down to the hip; pain in the back and between the shoulders; pain in the head; nausea and chilliness; slight pain in the stomach; no sweat. **Ars.<sup>30</sup>** every three hours.

The spinal symptoms are still predominant, though much aggravated in the heat, and **Ars.** is persisted in, as if it was predetermined that a spinal irritant should not be given even by mistake. If given at all, **Nux** should go with it.

Oct. 1, 1 P.M. Pain in the abdomen, below the pit of the stomach, after the heat yesterday, and again to-day; chill commenced at 8.30 A.M. and lasted two hours; had chills in the heat on the least exposure; no sweat; no thirst; pain in the left side; yesterday had a crampy turn in the chill, and face was red; cough in the heat; nausea after the chill; lame and sore between the shoulders; tires easily; itching and burning of the red spots on the neck. **Puls.** and **Rhus** every two hours.

This is better, but **Nux** and **Puls.** better still; or **Ignat.** and **Puls.**

Oct. 2, 2.30 P.M. Chill, and shook from 8 A.M. to 10 A.M.; no thirst; headache; pain in the bones; drawing, grinding headache; hands blue, and cried like a baby; griping after the chill and heat; some tenesmus in the heat, and pain all over, and aggravation of the headache; no thirst; no sweat; don't sleep well. Cont.

**Nux** and **Merc.** are the remedies. The chill is very long, and there are very many abdominal symptoms calling for **Merc.**

Oct. 4, 5 P.M. Chill this morning at 7; lasted till 9.30 A.M., with thirst and pain in the bones and head; heat till noon; no sweat; yesterday was the same, but at 1 P.M. had a cramp in

the stomach, with turns of blindness and violent palpitation of the heart, aggravated by lying down; stomach bloated; puffed up; hurts to touch it; ends of the fingers and toes cold in the chill, but skin generally warm; the feet were cold to the ankles; no appetite yesterday and not much to-day; slight chilliness on the least exposure to the air. Merc. every two hours.

The symptoms are mainly spinal, and the excito-motor spinal symptoms of spasms have been turned over to the cardiac plexus, and now we have palpitation of the heart. There is most disorder in the posterior spinal column, and Ignat. and Puls. or Nux and Merc. should be given; but Merc. is given alone and can do but little.

Oct. 5, 6 P.M. Chill at 8 A.M. and heat after; ate some bread and butter before the chill; cried during the chill; stomach has felt bad during the apyrexia—a sort of cold, crampy sensation, but don't cramp; thirst in the chill, but none in the heat; headache all the while, except a short time in the afternoon; can't sleep for the pain. Merc. and Bell. every two hours.

This is better, as Bell. is a cerebro-spinal irritant. Ignat. would be far better. The symptoms now extend through the apyrexia, and no doubt there is disorder of the spleen, and she will be much worse at the next period.

Oct. 6, 12 M. Chill at 9 A.M.; same as before; not much heat; no pain, except a little in the bones and head; no thirst; no rush of blood to the head. Cont.

Oct. 9, 6 P.M. No chill since the 6th. Puls. 6 every night.

The Puls. is well enough, but Nux and Merc. or Ignat. and Merc. should be given every four hours.

Oct. 24, 9 A.M. Had no chill for two weeks, and had no medicine, and now they have returned; in the apyrexia, has colic; before the chill, pain in the bones and head; bitter taste; yawning and stretching; burning of the eyes; eyes burn in the night; cold feet about 11 A.M.; in the chill, feet, hands and arms ache, and has pain all over, aggravated when lying still; nausea; headache and cold feet; no thirst; cheeks blue; nails blue; pain in the right hypochondria; chilliness aggravated by uncovering; pain at the end of the heat, darting into the fingers; pains worse in the chill; hands numb, and get asleep; they swell and feel stiff, and are cold; in the heat the pains continue;

face is red and hot; no sweat; menses last week, and had a very slight convulsion; didn't mind it much; the whole paroxysm is light; lasts but little more than an hour, and but for the colic would feel well after. Lyc. and Rhus every two hours.

Has passed a menstrual period with comparatively little trouble. Almost all the old symptoms of the paroxysm have returned, and among the rest is the "pain in the fingers" and "ends of the fingers," and this with the colic is an Elaterium symptom, and perhaps it would not be amiss to give Nux and Elaterium<sup>84</sup> every two hours. Still it would be quite as safe to give Ignat. and Puls.<sup>80</sup>, or Nux and Merc., or even Ars.<sup>80</sup>. Lyc. and Rhus are of no account.

Oct. 29, 3 P.M. Has had a chill every day; shook to-day at 11 A.M.; cheeks red and hot; pain in the bones and head; nausea; hands cold, after which the heat of the skin was a little higher than natural, but she felt chilly; the whole paroxysm was about an hour. Cham. and Calc. every two hours.

These medicines are hardly worth the trouble of opening the case for. They can do little or nothing. Nux and Merc.<sup>80</sup> or Ars.<sup>80</sup> would do.

Nov. 5, 11 A.M. Has a very slight chill every day, with nausea, and yesterday a crampy sensation in the stomach; pain in the right hypochondrium; constant pain in the bones; don't mind it much; is about the house, and runs about among the neighbors. Ars. 6 every three hours.

The dysmenorrhœa was measurably cured, but the ague returned from time to time, and ague medicines were taken, and I was told, seven or eight years after, that she finally died of disease of the liver or spleen. Perhaps no one ever blundered so many times in a case and was right so few. No one could have done as bad if he had tried to.

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